

Fill in this information to identify the case:

Debtor name **A-1 Express Delivery Service, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA**

Case number (if known) **17-52865**

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ 0.00
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ 2,212,406.36
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ 2,212,406.36

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 3,296,147.41
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 32,454.05
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 2,679,020.22
4. Total liabilities Lines 2 + 3a + 3b	\$ 6,007,621.68

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Debtor name **A-1 Express Delivery Service, Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA**Case number (if known) **17-52865**☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. **Checking, savings, money market, or financial brokerage accounts** (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **SunTrust****Checking****2126****\$43,054.05**3.2. **PNC****Checking****2058****\$10,553.21**3.3. **Fifth Third Bank****Checking****8246****\$14,055.94**4. **Other cash equivalents** (Identify all)5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$67,663.20**Part 2: Deposits and Prepayments**

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. **1450 W Peachtree Street LLC****\$17,000.00**

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7.2.	<u>Donlen</u>	<u>\$250,000.00</u>
7.3.	<u>917 & 925 Hyde Park Properties LLC</u>	<u>\$7,253.00</u>
7.4.	<u>Cypress Street LLC</u>	<u>\$1,300.00</u>
7.5.	<u>325-327 Pleasant Ave HDFC</u>	<u>\$2,700.00</u>
7.6.	<u>Union Real Estate</u>	<u>\$1,092.00</u>
7.7.	<u>DCT Williams Street</u>	<u>\$2,800.00</u>
7.8.	<u>Westgate San Leandro</u>	<u>\$1,163.80</u>
7.9.	<u>Orcas Business Park LLC</u>	<u>\$1,482.00</u>
7.10	<u>855 Mahler Road</u>	<u>\$18,500.00</u>
7.11	<u>Long Buildings Technology</u>	<u>\$2,000.00</u>
7.12	<u>2150 TXB LLC</u>	<u>\$5,156.00</u>
7.13	<u>Airpost Industrial Complex</u>	<u>\$2,730.00</u>
8.	Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent Description, including name of holder of prepayment	
8.1.	<u>Snelling Walters - February 14-28 insurance</u>	<u>\$66,442.77</u>

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9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$379,619.57

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 1,476,123.59 - 0.00 = \$1,476,123.59
face amount doubtful or uncollectible accounts

11b. Over 90 days old: 93,685.88 - 93,685.88 = \$0.00
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$1,476,123.59

Part 4: Investments

13. **Does the debtor own any investments?**

- ☐ No. Go to Part 5.
☒ Yes Fill in the information below.

14. **Mutual funds or publicly traded stocks not included in Part 1**
Name of fund or stock:

Valuation method used
for current value

Current value of
debtor's interest

14.1. Stock in Archway captive fund Estimate \$36,000.00

15. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity: % of ownership

16. **Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**
Describe:

17. **Total of Part 4.**

Add lines 14 through 16. Copy the total to line 83.

\$36,000.00

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

General description

Date of the last
physical inventory

Net book value of
debtor's interest
(Where available)

Valuation method used
for current value

Current value of
debtor's interest

19. **Raw materials**

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20. **Work in progress**

21. **Finished goods, including goods held for resale**

22. **Other inventory or supplies**
Vases, baskets, supplies \$30,000.00 **Estimate** \$30,000.00

23. **Total of Part 5.** **\$30,000.00**
Add lines 19 through 22. Copy the total to line 84.

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
☐ Yes. Book value Valuation method Current Value

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture 105 chairs, 55 desks, 26 tables, 4 sofas	\$14,000.00	Liquidation	\$14,000.00
40.	Office fixtures Shelves, racks, cabinets, TV, refrigerator, microwave, floral coolers	\$50,000.00	Liquidation	\$50,000.00
41.	Office equipment, including all computer equipment and communication systems equipment and software 54 computers, 87 monitors, 95 office phones, 11 printers, 3 servers, 8 network pieces (routers, switches), 400 barcode scanners, 9 old cell phones	\$50,000.00	Liquidation	\$50,000.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

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43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$114,000.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

General description

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

Net book value of debtor's interest
(Where available)

Valuation method used for current value

Current value of debtor's interest

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. Leased vehicles - see attached list \$0.00 \$0.00

47.2. C-Max hybrid vehicle (VIN 1FADPSAU3DLS) \$9,000.00 Estimate \$9,000.00

48. **Watercraft, trailers, motors, and related accessories** *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$9,000.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

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Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. Atlanta office - 1450 W Peachtree Street, Atlanta, GA 30309 (lease)		\$0.00		\$0.00
55.2. WLA office/warehouse - 917 West Hyde Park, Inglewood, CA (lease)		\$0.00		\$0.00
55.3. Hermosa Beach office - 545 Cypress Ave, Hermosa Beach, CA 90254 (lease)		\$0.00		\$0.00
55.4. Pitt parking - 633 Napor Blvd, Pittsburgh, PA 15205 (lease)		\$0.00		\$0.00
55.5. Pitt office - 2500 Baldwick Road, #201, Pittsburgh, PA 15205 (lease)		\$0.00		\$0.00
55.6. Seattle office - 5700 6th Ave S, #200, Seattle, WA 98108 (lease)		\$0.00		\$0.00
55.7. Seattle parking - 5700 Denver Ave S, Seattle, WA 98108 (lease)		\$0.00		\$0.00
55.8. NYC office - 325 Pleasant Ave, New York City, NY 10035 (lease)		\$0.00		\$0.00
55.9. San Leandro parking - 2001 Williams Street, San Leandro, CA 94577 (lease)		\$0.00		\$0.00

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55.10 San Leandro office -
1933 Davis Street,
Suite 305, San
Leandro, CA (lease) \$0.00 \$0.00

55.11 Irvine office - 17981
Sky Park Circle, Bldg
39 J, Irvine, CA 92614
(lease) \$0.00 \$0.00

55.12 Burlingame office -
855 Mahler Road,
Burlingame, CA
(lease) \$0.00 \$0.00

55.13 San Jose office -
2150 Trade Zone
Blvd, Suite 105, San
Jose, CA 95113
(lease) \$0.00 \$0.00

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

☒ No
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets 1-800Courier, A-1Express, AQuickDelivery	\$0.00	Estimate	\$0.00
61. Internet domain names and websites a1express.com, aquickdelivery.com, 1-800courier.com, peachtreepetals.com, socialpetals.com, 1-800Courier domain and phone number	\$100,000.00	Estimate	\$100,000.00

62. Licenses, franchises, and royalties

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63. **Customer lists, mailing lists, or other compilations**

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$100,000.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?

☒ No

☐ Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

☒ No

☐ Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

☒ No

☐ Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

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Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$67,663.20</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$379,619.57</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$1,476,123.59</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$36,000.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$30,000.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$114,000.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$9,000.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$100,000.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$2,212,406.36</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$2,212,406.36</u>

Vehicle ID	HUB	VIN	License Plate	Model	Van Type	Enterprise/Donlen	Status	Manager
PTP1	ATL	NM0LS6BN6AT0	PNU2360	Transit Connect	City		Leased	
PTP2	ATL	NM0LS7DN6DT1	PVE3458	Transit Connect	City	472963	Leased	Donlen
PTP3	ATL	NM0LS7F70E111	PKU2538	Transit Connect	City	498689	Leased	Donlen
A002	DLA8	3C6TRVNG2GE156473X1		2016 PRO MAST	Cargo	557637	Leased	Donlen
A003	DLA8	3C6TRVNG6GE156475X1		2016 PRO MAST	Cargo	557634	Leased	Donlen
A004	DLA8	3C6TRVNG0GE156717X1		2016 PRO MAST	Cargo	558722	Leased	Donlen
A005	DLA8	3C6TRVNG8GE155495Y1		2016 PRO MAST	Cargo	557682	Leased	Donlen
A006	DLA8	3C6TRVNG2GE156476X1		2016 PRO MAST	Cargo	557636	Leased	Donlen
A007	DLA8	3C6TRVNG9GE155497Y1		2016 PRO MAST	Cargo	557685	Leased	Donlen
A008	DLA8	3C6TRVNG1GE155491Y1		2016 PRO MAST	Cargo	557683	Leased	Donlen
A009	DLA8	3C6TRVNG7GE155492Y1		2016 PRO MAST	Cargo	557680	Leased	Donlen
A010	DLA8	3C6TRVNGXGE155493Y1		2016 PRO MAST	Cargo	557684	Leased	Donlen
A019	DLA8	3C6TRVNG6GE154719Y1		2016 PRO MAST	Cargo	557681	Leased	Donlen
A026	DLA8	3C6TRVNGXHE155946D2		2017 Ram ProMa	Cargo	667605	Leased	Donlen
A027	DLA8	3C6TRVNG4HE155929D2		2017 Ram ProMa	Cargo	667234	Leased	Donlen
A028	DLA8	3C6TRVNG7HE155930D2		2017 Ram ProMa	Cargo	667232	Leased	Donlen
A029	DLA8	3C6TRVNG6HE155947D2		2017 Ram ProMa	Cargo	667605	Leased	Donlen
A030	DLA8	3C6TRVNG4HE155931D2		2017 Ram ProMa	Cargo	667234	Leased	Donlen
A031	DLA8	3C6TRVNG4HE1.89E+06		2017 Ram ProMa	Cargo	673095	Leased	Donlen
A032	DLA8	3C6TRVNG8HE1.89E+06		2017 Ram ProMa	Cargo	673096	Leased	Donlen
A033	DLA8	3C6TRVNG1HE1.89E+06		2017 Ram ProMa	Cargo	673097	Leased	Donlen
A034	DLA8	3C6TRVNG6HE1.89E+06		2017 Ram ProMa	Cargo	673147	Leased	Donlen
A036	DLA8	3C6TRVAG9HE153801A2		2017 Cargo		7NMYH1	Monthly Rental	Enterprise
A037	DLA8	3C6TRVD8HE152821A2		2017 Cargo		7NGW3C	Monthly Rental	Enterprise
P02	DPT1	3C6TRVNG6HE1ZJV 0067		2016 PRO MAST	Cargo	667634	Leased	Donlen
P04	DPT1	3C6TRVNG4GE1ZHW6496		2016 PRO MAST	Cargo	573160	Leased	Donlen
P05	DPT1	3C6TRVAG4GE1ZHY6815		2016 PRO MAST	Cargo	573157	Leased	Donlen
P06	DPT1	3C6TRVAG4GE1ZHY6820		2016 PRO MAST	Cargo	573155	Leased	Donlen
P07	DPT1	3C6TRVNG0GE1ZHW6497		2016 PRO MAST	Cargo	573161	Leased	Donlen
P08	DPT1	3C6TRVAG2GE107930		2016 PRO MAST	Cargo	573156	Leased	Donlen
P36	DPT1	3C6TRVAG4GE1ZHY6817		2016 PRO MAST	Cargo	573154	Leased	Donlen
P10	DPT1	3C6TRVAG6GE1ZHY6812		2016 PRO MAST	Cargo	573158	Leased	Donlen
P11	DPT1	3C6TRVAG5GE1ZHY6819		2016 PRO MAST	Cargo	573159	Leased	Donlen
P12 E	DPT1	1FTYE9ZM2HKA ZJV5110		Ford Transit Van	Cargo	7N5JRL	Monthly Rental	Enterprise
P13 E	DPT1	1FTYR2ZM4HKA ZJL7245		Ford Transit Van	Cargo	7N24N8	Monthly Rental	Enterprise
P17	DPT1	3C6TRVAG9GE1ZJR0568		2016 PRO MAST	Cargo	573153	Leased	Donlen
P20 E	DPT1	1FTYE92M4HKA ZJS8595		Ford Transit Van	Cargo	7N6MSN	Monthly Rental	Enterprise
P21	DPT1	3C6TRVNG1HE1ZJV0068		2016 PRO MAST	Cargo	667633	Leased	Donlen
P23	DPT1	3C6TRVAG8GE1ZHY6817		2016 PRO MAST	Cargo	573152	Leased	Donlen
P27 E	DPT1	1GCWGAFF7H1 ZJL7227		Chevy Express C	Cargo	7NC7R0	Monthly Rental	Enterprise
P30	DPT1	3C6TRVNG5HE1ZJV 0071		ProMaster	Cargo	667635	Leased	Donlen
P 34	DPT1	3C6TRVNG3HE1ZJV 0070		2017 Ram ProMa	Cargo	667632	Leased	Donlen
P 35	DPT1	3C6TRVNG4GE1ZJV 0069		2017 Ram ProMa	Cargo	667636	Leased	Donlen
P38	DPT1	3C6TRVNG8GE1ZJV0092		2017 Ram ProMa	Cargo	673023	Leased	Donlen
P39	DPT1	3C6TRVNG4HE1ZJV0093		2017 Ram ProMa	Cargo	673024	Leased	Donlen
P40	DPT1	3C6TRVNG7HE1ZJV0094		2017 Ram ProMa	Cargo	673025	Leased	Donlen
P41	DPT1	3C6TRVNG3HE1ZJV0091		2017 Ram ProMa	Cargo	673026	Leased	Donlen
P42	DPT1	3C6TRVNG5HE1ZJV0090		2017 Ram ProMa	Cargo	673027	Leased	Donlen
SE002	DSE2	3C6TRVNG9GE1CO0845H		2016 PRO MAST	Cargo	628079	Leased	Donlen
SE003	DSE2	3C6TRVNG7GE1CO0846H		2016 PRO MAST	Cargo	628077	Leased	Donlen
SE004	DSE2	3C6TRVNG7GE1C76333F		2016 PRO MAST	Cargo	562556	Leased	Donlen
SE005	DSE2	3C6TRVNG3GE1C76332F		2016 PRO MAST	Cargo	562557	Leased	Donlen
SE006	DSE2	3C6TRVNG5GE1C76330F		2016 PRO MAST	Cargo	562558	Leased	Donlen
SE007	DSE2	3C6TRVNG1GE1AYS0517		2016 PRO MAST	Cargo	562548	Leased	Donlen
SE009	DSE2	3C6TRVNG1GE1C90037F		2016 PRO MAST	Cargo	563172	Leased	Donlen
SE014	DSE2	ZFBERFAT1G6B C14487G		1500 Promaster (	City	7MGRB5	Monthly Rental	Enterprise
SE015	DSE2	3C6TRVNG4GE1C54035H		2016 PRO MAST	Cargo	634589	Leased	Donlen
SE021	DSE2	3C6TRVAG1GE1C97451G		PRO MASTER	Cargo	7MJW88	Monthly Rental	Enterprise
SE022	DSE2	3C6TRVAG9GE1C77429H		2016 PRO MAST	Cargo	634588	Leased	Donlen
SE024	DSE2	ZFBERFAT9G6B 85D164		1500 Promaster (	City	7MWMNC	Monthly Rental	Enterprise
SE026	DSE2	ZFBERFAT4G6B 499JBU		1500 Promaster (	City	7MR6VX	Monthly Rental	Enterprise
SE027	DSE2	ZFBERFAT5G6B 37452X1		1500 Promaster (	City	7M83RP	Monthly Rental	Enterprise
SE029	DSE2	ZFBERFAT9G6B C71032F		1500 Promaster (	City	7MY50V	Monthly Rental	Enterprise
SE031	DSE2	3C6TRVNG3GE1C54034H		2016 PRO MAST	Cargo	634591	Leased	Donlen
SE032	DSE2	3C6TRVAG2GE1C69540F		PRO MASTER	Cargo	7MJNXV	Monthly Rental	Enterprise
SE033	DSE2	3C6TRVNG6GE1C72731F		2016 PRO MAST	Cargo	563174	Leased	Donlen
SE034	DSE2	ZFBERFAT0G6B C14364G		1500 Promaster (	City	7M8THR	Monthly Rental	Enterprise

SE035	DSE2	ZFBERFATXG6B 342JCV	1500 Promaster (City	7MGQL2	Monthly Rental	Enterprise
SE037	DSE2	3C6TRVNG6GE1C76331F	PRO MASTER Cargo	562554	Leased	Donlen
SE040	DSE2	3C6TRVNG4GE1C76334F	PRO MASTER Cargo	562560	Leased	Donlen
SE041	DSE2	3C6TRVNG5GE1C47488H	PRO MASTER Cargo	628143	Leased	Donlen
SE043	DSE2	3C6TRVNG6GE1C54033H	PRO MASTER Cargo	634590	Leased	Donlen
SE044	DSE2	3C6TRVNG3GE127677	PROMASTER Cargo	634683	Leased	Donlen
SE045	DSE2	3C6TRVNG7GE127861	PROMASTER Cargo	634684	Leased	Donlen
SE046	DSE2	3C6TRVNG3GE1C47489H	PROMASTER Cargo	628142	Leased	Donlen
SE049	DSE2	ZFBERFATXG6B C14146G	1500 Promaster (City	7MD9CM	Monthly Rental	Enterprise
SE051	DSE2	ZFBERFATXG6B C19195F	1500 Promaster (City	7MHFY	Monthly Rental	Enterprise
SE056	DSE2	3C6TRVNG3GE1AYS0518	PRO MASTER Cargo	562547	Leased	Donlen
SE057	DSE2	ZFBERFAT2G6B V27250	Ram PRMC City	7MTDQJ	Monthly Rental	Enterprise
SE059	DSE2	1GCWGBFF1H1 C75722G	Chevy 2500 Cargo	7NR396	Monthly Rental	Enterprise
SE060	DSE2	1FTNE2EW5ED/ C86619H	Ford Transit Carg Cargo	7LSMGD	Monthly Rental	Enterprise
SE061	DSE2	3C6TRVNG3GE1C90036F	2016 Ram 1500 Cargo	563173	Leased	Donlen
SE062	DSE2	3C6TRVNGXGE C97450G	1500 Promaster (Cargo	7MKG04	Monthly Rental	Enterprise
SE066	DSE2	1FTNR1ZM7FKA C29953H	Ford Transit Carg Cargo	7NRYTQ	Monthly Rental	Enterprise
AMZ047	DSF3	3C6TRVNG1GE117325Z1	2016 PRO MAST Cargo	562074	Leased	Donlen
AMZ048	DSF3	3C6TRVNGXGE 17326Z1	2016 PRO MAST Cargo	562072	Leased	Donlen
AMZ049	DSF3	3C6TRVNG7GE117213Z1	2016 PRO MAST Cargo	562025	Leased	Donlen
AMZ051	DSF3	3C6TRVNG4GE117314Z1	2016 PRO MAST Cargo	562020	Leased	Donlen
AMZ052	DSF3	3C6TRVNG5GE117585Z1	2016 PRO MAST Cargo	562024	Leased	Donlen
AMZ053	DSF3	3C6TRVNG1GE117583Z1	2016 PRO MAST Cargo	562023	Leased	Donlen
AMZ054	DSF3	3C6TRVNG0GE117582Z1	2016 PRO MAST Cargo	562022	Leased	Donlen
AMZ056	DSF3	3C6TRVNGXGE 17938Z1	2016 PRO MAST Cargo	562575	Leased	Donlen
AMZ059	DSF3	3C6TRVNG8GE117641Z1	2016 PRO MAST Cargo	562573	Leased	Donlen
AMZ095	DSF3	3C6TRVNG6GE130302C2	2016 PRO MAST Cargo	594759	Leased	Donlen
AMZ096	DSF3	3C6TRVNGXGE 30492C2	2016 PRO MAST Cargo	594760	Leased	Donlen
AMZ097	DSF3	3C6TRVNG8GE130489C2	2016 PRO MAST Cargo	594761	Leased	Donlen
AMZ100	DSF3	3C6TRVNG0GE170025C2	2016 PRO MAST Cargo	594752	Leased	Donlen
AMZ101	DSF3	3C6TRVNG6GE130486C2	2016 PRO MAST Cargo	594762	Leased	Donlen
AMZ102	DSF3	3C6TRVNG1GE130485C2	2016 PRO MAST Cargo	594763	Leased	Donlen
AMZ103	DSF3	3C6TRVNG9GE130491C2	2016 PRO MAST Cargo	594765	Leased	Donlen
AMZ112	DSF3	3C6TRVNG1HE5 47314D2	2017 Ram ProMa Cargo	659472	Leased	Donlen
AMZ114	DSF3	3C6TRVNG1HE5 54935D2	2017 Ram ProMa Cargo	659235	Leased	Donlen
AMZ115	DSF3	3C6TRVNGXHE5 54936D2	2017 Ram ProMa Cargo	659239	Leased	Donlen
AMZ116	DSF3	3C6TRVNG1HE5 54937D2	2017 Ram ProMa Cargo	659237	Leased	Donlen
AMZ117	DSF3	3C6TRVNG0HE5 47315D2	2017 Ram ProMa Cargo	659471	Leased	Donlen
AMZ118	DSF3	3C6TRVNG6HE5 54939D2	2017 Ram ProMa Cargo	659230	Leased	Donlen
AMZ121	DSF3	3C6TRVNG8HE5 54934D2	2017 Ram ProMa Cargo	659240	Leased	Donlen
AMZ122	DSF3	3C6TRVAG7FE5 C20932E	2017 Ram ProMa Cargo	7L8X1Q	Monthly Rental	Enterprise
GSX074	DSF3	NM0LS7DNXDT1 7.58E+05	2013 Transit Con City	447786	Leased	Donlen
GSX076	DSF3	NM0LS7DNXDT1 7.58E+05	2013 Transit Con City	447787	Leased	Donlen
GSX082	DSF3	NM0LS7BN7DT1 52779L1	2013 Transit Con City	447012	Leased	Donlen
GSX083	DSF3	NM0LS7DN2DT1 52781L1	2013 Transit Con City	447002	Leased	Donlen
GSX084	DSF3	NM0LS7DNXDT1 52983L1	2013 Transit Con City	446992	Leased	Donlen
GSX087	DSF3	NM0LS7DN2DT1 88185P1	2013 Transit Con City	446995	Leased	Donlen
GSX090	DSF3	NM0LS7DN5DT1 52788L1	2013 Transit Con City	446998	Leased	Donlen
GSX092	DSF3	NM0LS7DN3DT1 88186P1	2013 Transit Con City	447000	Leased	Donlen
GSX093	DSF3	NM0LS7DNXDT1 52792L1	2013 Transit Con City	447001	Leased	Donlen
GSX094	DSF3	NM0LS7DN6DT1 87106P1	2013 Transit Con City	447003	Leased	Donlen
GSX097	DSF3	NM0LS7DNXDT1 86347M1	2013 Transit Con City	447006	Leased	Donlen
GSX098	DSF3	NM0LS7BN7DT1 52791L1	2013 Transit Con City	447009	Leased	Donlen
GSX099	DSF3	NM0LS7BN9DT1 88183P1	2013 Transit Con City	447010	Leased	Donlen
GSX102	DSF3	NM0LS7BN8DT1 8M34834	2013 Transit Con City	447014	Leased	Donlen
GSX112	DSF3	NM0LS7BN9DT1 86350M1	2013 Transit Con City	447025	Leased	Donlen
GSX119	DSF3	NM0LS7BN9DT1 02528R1	2013 Transit Con City	447032	Leased	Donlen
GSX120	DSF3	NM0LS7DN3DT1 7.58E+05	2013 Transit Con City	447034	Leased	Donlen
GSX121	DSF3	NM0LS7DN1DT1 7.58E+05	2013 Transit Con City	447035	Leased	Donlen
GSX122	DSF3	NM0LS7DNXDT1 7.58E+05	2013 Transit Con City	447036	Leased	Donlen
GSX123	DSF3	NM0LS7DN3DT1 7.58E+05	2013 Transit Con City	447037	Leased	Donlen
GSX128	DSF3	NM0LS7BN7DT1 7.58E+05	2013 Transit Con City	447043	Leased	Donlen
GSX129	DSF3	NM0LS7BN1DT1 7.58E+05	2013 Transit Con City	447044	Leased	Donlen
GSX145	DSF3	NM0LS7BN8DT1 81687F1	2013 Transit Con City	447060	Leased	Donlen
GSX146	DSF3	NM0LS7BNXDT1 81688F1	2013 Transit Con City	447061	Leased	Donlen
AMZ045	DSF4	3C6TRVNG6GE116883Z1	2016 PRO MAST Cargo	561403	Leased	Donlen
AMZ046	DSF4	3C6TRVNG2GE172201Z1	2016 PRO MAST Cargo	562021	Leased	Donlen
AMZ055	DSF4	3C6TRVNG0GE117937Z1	2016 PRO MAST Cargo	562571	Leased	Donlen
AMZ057	DSF4	3C6TRVNG4GE117801Z1	2016 PRO MAST Cargo	562565	Leased	Donlen
AMZ060	DSF4	3C6TRVNG6GE172030Z1	2016 PRO MAST Cargo	562578	Leased	Donlen
AMZ061	DSF4	3C6TRVNG6GE117643Z1	2016 PRO MAST Cargo	562576	Leased	Donlen
AMZ094	DSF4	3C6TRVNG8GE130301C2	2016 PRO MAST Cargo	594758	Leased	Donlen
AMZ098	DSF4	3C6TRVNGXGE 30484C2	2016 PRO MAST Cargo	594764	Leased	Donlen
AMZ099	DSF4	3C6TRVNG4GE170099C2	2016 PRO MAST Cargo	594751	Leased	Donlen
AMZ113	DSF4	3C6TRVNG9HE5 47313D2	2017 Ram ProMa Cargo	659473	Leased	Donlen
AMZ119	DSF4	3C6TRVNG8HE5 54938D2	2017 Ram ProMa Cargo	659232	Leased	Donlen
AMZ120	DSF4	3C6TRVNG0HE5 54940D2	2017 Ram ProMa Cargo	659234	Leased	Donlen

ASL051	DSF4	3C6TRVNG2GE197918X1	2016 PRO MAST Cargo	548019	Leased	Donlen
ASL052	DSF4	3C6TRVNG8GE197902X1	2016 PRO MAST Cargo	548001	Leased	Donlen
ASL053	DSF4	3C6TRVNG7GE197917X1	2016 PRO MAST Cargo	548020	Leased	Donlen
ASL054	DSF4	3C6TRVNG9GE197912X1	2016 PRO MAST Cargo	548021	Leased	Donlen
ASL055	DSF4	3C6TRVNG4GE197914X1	2016 PRO MAST Cargo	548140	Leased	Donlen
ASL056	DSF4	3C6TRVNGXGE 97915X1	2016 PRO MAST Cargo	548099	Leased	Donlen
ASL057	DSF4	3C6TRVNG1GE197905X1	2016 PRO MAST Cargo	548017	Leased	Donlen
ASL058	DSF4	3C6TRVNG6GE197913X1	2016 PRO MAST Cargo	548016	Leased	Donlen
ASL059	DSF4	3C6TRVNG1GE197916X1	2016 PRO MAST Cargo	548018	Leased	Donlen
ASL060	DSF4	3C6TRVNG3GE197950X1	2016 PRO MAST Cargo	548659	Leased	Donlen
ASL061	DSF4	3C6TRVNG1GE197907X1	2016 PRO MAST Cargo	548002	Leased	Donlen
ASL062	DSF4	3C6TRVNG7GE197904X1	2016 PRO MAST Cargo	548003	Leased	Donlen
ASL063	DSF4	3C6TRVNG2GE198065X1	2016 PRO MAST Cargo	548944	Leased	Donlen
ASL064	DSF4	3C6TRVNGXGE 98066X1	2016 PRO MAST Cargo	548945	Leased	Donlen
ASL065	DSF4	3C6TRVNG5GE198280X1	2016 PRO MAST Cargo	548842	Leased	Donlen
ASL069	DSF4	1FTYE1ZM3GKB 61G325	Ford Transit Carg Cargo	7MFY8K	Monthly Rental	Enterprise
ASL106	DSF4	NM0LS7DN0DT1 88184P1	2013 Transit Con City	447005	Leased	Donlen
ASL109	DSF4	NM0LS7BN5DT1 63301M1	2013 Transit Con City	WA8D88	Leased	Enterprise FM
ASL110	DSF4	NM0LS7BN8DT1 63302M1	2013 Transit Con City	WA8D86	Leased	Enterprise FM
ASL111	DSF4	NM0LS7BN8DT1 63307M1	2013 Transit Con City	WA8D87	Leased	Enterprise FM
ASL114	DSF4	NM0LS7DN9DT1 7.58E+05	2013 Transit Con City	447784	Leased	Donlen
ASL115	DSF4	NM0LS7DN9DT1 7.58E+05	2013 Transit Con City	447789	Leased	Donlen
ASL116	DSF4	NM0LS7BN8DT1 02533R1	2014 Transit Con City		Leased	Donlen
ASL117	DSF4	NM0LS7BN3DT1 02530R1	2013 Transit Con City	447029	Leased	Donlen
ASL118	DSF4	NM0LS7DN8DT1 7.58E+05	2013 Transit Con City	447038	Leased	Donlen
ASL119	DSF4	NM0LS7BN3DT1 81677F1	2013 Transit Con City	447046	Leased	Donlen
ASL120	DSF4	NM0LS7BN2DT1 81681F1	2013 Transit Con City	447054	Leased	Donlen
ASL121	DSF4	NM0LS7DN1DT1 81684F1	2013 Transit Con City	447039	Leased	Donlen
ASL122	DSF4	NM0LS7BN9DT1 7.58E+05	2013 Transit Con City	447049	Leased	Donlen
ASL123	DSF4	NM0LS7BNXDT1 81686F1	2013 Transit Con City	447059	Leased	Donlen
ASL124	DSF4	NM0LS7BN8DT1 81694F1	2013 Transit Con City	447063	Leased	Donlen
ASL125	DSF4	NM0LS7BN6DT1 81691F1	2013 Transit Con City	447066	Leased	Donlen
ASL128	DSF4	1GCWGAFF3H1 45553W1	Express Cargo Cargo	7NNXLX	Monthly Rental	Enterprise
ASL130	DSF4	1GCWGAFF7G1 80837W1	Express Cargo Cargo	7LW7L7	Monthly Rental	Enterprise
ASL132	DSF4	1GCWGBFF3G1 11997S1	Express Cargo Cargo	7LWQ58	Monthly Rental	Enterprise
ASL133	DSF4	1FTYR1ZM6GKB 10610A2	Ford Transit Carg Cargo	7MS3T1	Monthly Rental	Enterprise
OD1	WLA	NM0LS7BN2DT1 51164L1	2013 Transit Con City	WA4G19	Leased	Enterprise FM
OD2	WLA	NM0LS7BN6DT1 51167L1	2013 Transit Con City	WA4G20	Leased	Enterprise FM
SCP101	WLA	NM0LS7BN2DT1 86359M1	2013 Transit Con Cargo	447013	Leased	Donlen
SCP91	WLA	NM0LS7DN8DT1 8M34836	2013 Transit Con City	446999	Leased	Donlen
SPTP1	WLA	NM0LS7DN3DT1 28971N1	2013 Transit Con Cargo	472589	Leased	Donlen
SPTP2	WLA	NM0LS7DN1DT1 28972N1	2013 Transit Con Cargo	472590	Leased	Donlen

Fill in this information to identify the case:

Debtor name **A-1 Express Delivery Service, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA**

Case number (if known) **17-52865**

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	ACH Capital LLC Creditor's Name 11 Broadway Suite 814 New York, NY 10004 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Alleged to be all assets of Debtor Describe the lien Blanket lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$0.00	Unknown
2.2	CapFusion Creditor's Name 2310 W. 75th Street Prairie Village, KS 66208 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Alleged to be all assets of Debtor Describe the lien Blanket lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$1,200,000.00	Unknown

Debtor **A-1 Express Delivery Service, Inc.** Case number (if know) **17-52865**
Name

- ☒ No ☐ Contingent
☐ Yes. Specify each creditor, including this creditor and its relative priority. ☐ Unliquidated ☐ Disputed

2.3	De Lage Landen Financial Serv Creditor's Name 1111 Old Eagle School Road Wayne, PA 19087 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Leased computer equipment Describe the lien Supports lease Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,062.41	Unknown
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2.4	Funding Strategy Partners, LLC Creditor's Name 18 S. State Street Newtown, PA 18940 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Alleged to be all assets of Debtor Describe the lien Blanket lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	Unknown
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2.5	Kings Cash Group Creditor's Name 30 Broad Street 12th Floor New York, NY 10004 Creditor's mailing address	Describe debtor's property that is subject to a lien Alleged to be all assets of Debtor Describe the lien Blanket lien	\$546,000.00	Unknown
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Debtor **A-1 Express Delivery Service, Inc.** Case number (if known) **17-52865**

Name

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

2.6 Rapid Advance

Creditor's Name

**4500 East West Highway
6th Floor
Bethesda, MD 20814**

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$0.00

\$0.00

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

2.7 Shopify

Creditor's Name

**33 New Montgomery Street
Suite 750
San Francisco, CA 94105**

Creditor's mailing address

Describe debtor's property that is subject to a lien

\$49,803.00

Unknown

Certain credit card receivables

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Debtor **A-1 Express Delivery Service, Inc.** Case number (if known) **17-52865**
Name

2.8	Summit Financial Resources, LP Creditor's Name 2455 East Parleys Way Suite 200 Salt Lake City, UT 84109 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien All assets of Debtor Describe the lien Blanket lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$1,327,031.00	Unknown
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2.9	SunTrust Bank Creditor's Name 211 Perimeter Center Parkway Atlanta, GA 30346 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Alleged to be all assets of Debtor Describe the lien Blanket lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$39,251.00	Unknown
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2.10	Susquehanna Commercial Finance Creditor's Name 2 Country View Road Suite 300 Malvern, PA 19355 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number	Describe debtor's property that is subject to a lien Computer equipment Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$33,000.00	Unknown
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Debtor **A-1 Express Delivery Service, Inc.** Case number (if know) **17-52865**

Name

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

2.1 Wells Fargo Financial Leasing

Creditor's Name

**800 Walnut Street
MAC N0005-044
Des Moines, IA 50309**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Computer equipment

\$33,000.00

Unknown

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

2.1 Western Equipment Finance, Inc

Creditor's Name

**PO Box 640
Devils Lake, ND 58301**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Computer equipment

\$33,000.00

Unknown

Describe the lien

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

2.1 Wintrust Capital

Describe debtor's property that is subject to a lien

\$33,000.00

Unknown

Debtor A-1 Express Delivery Service, Inc.	Case number (if know) 17-52865	
<hr/>		
Creditor's Name Div of Schaumburg Bank & Trust 9700 West Higgins Rd, 10th Fl. Rosemont, IL 60068	Computer equipment	
Creditor's mailing address	<hr/>	
Creditor's email address, if known	Describe the lien	
Date debt was incurred	Is the creditor an insider or related party?	
Last 4 digits of account number	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes	
	Is anyone else liable on this claim?	
	<input checked="" type="checkbox"/> No	
	<input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:	
<input checked="" type="checkbox"/> No	Check all that apply	
<input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<input type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Disputed	

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$3,296,147.41

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
AccuCredit Associates LLC 21 Main Street Hackensack, NJ 07601	Line <u>2.4</u>	
Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703	Line <u>2.4</u>	
Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703	Line <u>2.11</u>	
Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703	Line <u>2.12</u>	
Corporation Service Company PO Box 2576 Springfield, IL 62708	Line <u>2.6</u>	
Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703	Line <u>2.6</u>	
CT Lien Solutions PO Box 29071 Glendale, CA 91209-9071	Line <u>2.8</u>	

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if know)

17-52865

Name

**CT Lien Solutions
PO Box 29071
Glendale, CA 91209-9071**

Line **2.9**

**CT Lien Solutions
PO Box 29071
Glendale, CA 91209-9071**

Line **2.10**

**CT Lien Solutions
PO Box 29071
Glendale, CA 91209-9071**

Line **2.13**

**CT Lien Solutions
PO Box 29071
Glendale, CA 91209-9071**

Line **2.1**

**De Lage Landen Financial Serv
PO Box 41602
Philadelphia, PA 19101-1902**

Line **2.3**

**Shopify Capital Agreement
150 Elgin Street
8th Floor
Ottawa, Ontario Canada K2P 1L4**

Line **2.7**

**Susquehanna Commercial Finance
PO Box 896534
Charlotte, NC 28289**

Line **2.10**

**Wells Fargo
800 Walnut Street
4th Floor
Des Moines, IA 50309**

Line **2.11**

**Western Equipment Finance
PO Box 640
503 Hwy 2 West
Devils Lake, ND 58301**

Line **2.12**

**Wintrust Capital
9700 West Higgins Road
Rosemont, IL 60018**

Line **2.13**

Fill in this information to identify the case:

Debtor name **A-1 Express Delivery Service, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA**

Case number (if known) **17-52865**

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address</p> <p>California Dept of Revenue Franchise Tax Board PO Box 942840 Sacramento, CA 94240-0040</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>For Notice Purposes Only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00</p> <p>\$0.00</p>
2.2	<p>Priority creditor's name and mailing address</p> <p>California Dept of Revenue Employment Develop Dept PO Box 826880 Sacramento, CA 94280-0001</p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>For Notice Purposes Only</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$0.00</p> <p>\$0.00</p>

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865	
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2.3	Priority creditor's name and mailing address California Dept of Revenue State Board of Equilization PO Box 942879 Sacramento, CA 94279-0001	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: For Notice Purposes Only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address California Labor & Workforce Attn: PAGA Administrator 1515 Clay Street, Suite 801 Oakland, CA 94612	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: For Notice Purposes Only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address Georgia Department of Labor 148 Andrew Young Int'l Blvd. Suite 826 Atlanta, GA 30303	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: For Notice Purposes Only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address Georgia Department of Revenue 1800 Century Boulevard, NE Suite 9100 Atlanta, GA 30345	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: For Notice Purposes Only		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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2.7	Priority creditor's name and mailing address Internal Revenue Service Centralized Insolvency P.O. Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For Notice Purposes Only		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address Internal Revenue Service 401 W. Peachtree St., NW Stop 334-D Atlanta, GA 30308	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For Notice Purposes Only		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address New York Dept Taxation/Finance Attn: Office of Counsel Bldg 9, WA Harriman Campus Albany, NY 12227	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For Notice Purposes Only		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address New York State Dept of Labor Building 12 W.A. Harriman Campus Albany, NY 12240	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
Date or dates debt was incurred		Basis for the claim: For Notice Purposes Only		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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2.11	Priority creditor's name and mailing address Pennsylvania Dept of Revenue Bureau Business Trust Fund Tax PO Box 280904 Harrisburg, PA 17128-0904	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$454.05	\$454.05
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address Washington DC Dept Employment 4058 Minnesota Avenue, NE Washington, DC 20019	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: For Notice Purposes Only		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address Washington DC Ofc Tax/Revenue 1101 4th Street, SW Suite 270 West Washington, DC 20024	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: For Notice Purposes Only		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.14	Priority creditor's name and mailing address Washington St. Dept of Revenue Cash Management Section PO Box 47464 Olympia, WA 98504-7464	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: For Notice Purposes Only		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	A-1 Express Delivery Service, Inc.	Case number (if known)	17-52865
Name			

2.15	Priority creditor's name and mailing address Washington State Dept of Labor PO Box 34022 Seattle, WA 98124	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$32,000.00	\$0.00
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim	
3.1	Nonpriority creditor's name and mailing address 1450 West Peachtree Street LLC 1450 West Peachtree Street Atlanta, GA 30309 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Real estate lease for Atlanta office - 22 months remaining Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$315,000.00	
3.2	Nonpriority creditor's name and mailing address 2150 TZB Inc 2150 Trade Zone Blvd Ste 299 San Jose, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,516.00	
3.3	Nonpriority creditor's name and mailing address 53rd CC PO Box 740523 Cincinnati, OH 45274 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$116,184.45	
3.4	Nonpriority creditor's name and mailing address 90 Minute Courier Inc 6883 Ne 3rd Ave Miami, FL 33138 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$913.10	
3.5	Nonpriority creditor's name and mailing address 917 & 925 W Hyde Park Properties LLC 2459 W 208th Street Ste 203 Torrance, CA 90501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,986.60	

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.6	Nonpriority creditor's name and mailing address AALIYHA L BRIGHAM 4609 BOND ST APT 212 OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.7	Nonpriority creditor's name and mailing address Aaliyha L Brigham 4609 BOND ST APT 212 OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.8	Nonpriority creditor's name and mailing address Aaron Aleksandr Sturm 400 WOODLAND PARK SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.9	Nonpriority creditor's name and mailing address AARON ALLEN RUSHIN 1033 43RD STREET APT B EMERYVILLE, CA 94608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.10	Nonpriority creditor's name and mailing address Aaron Allen Rushin 1033 43RD STREET APT B EMERYVILLE, CA 94608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.11	Nonpriority creditor's name and mailing address Aaron Christian Cayabyab 1933 DRUMHEAD CT SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.12	Nonpriority creditor's name and mailing address Aaron Courtland Kahn-Mortimer 700 CANYON OAKS DR APT G OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.13 Nonpriority creditor's name and mailing address

Aaron Deon Seymour
1635 W 110TH ST APT Q
LOS ANGELES, CA 90047

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.14 Nonpriority creditor's name and mailing address

Aaron Evan Vance
3187 WOODCREST DR
SAN JOSE, CA 95118

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.15 Nonpriority creditor's name and mailing address

Aaron James Pederson
3936 SUNNY RD
STOCKTON, CA 95215

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.16 Nonpriority creditor's name and mailing address

AARON LOVE
16048 47TH AVE S
TUKWILA, WA 98188

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.17 Nonpriority creditor's name and mailing address

AARON MATTHEW FRAZIER
2715 74TH AVENUE
OAKLAND, CA 94605-9460

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.18 Nonpriority creditor's name and mailing address

Aaron Matthew Frazier
2715 74TH AVENUE
OAKLAND, CA 94605

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.19 Nonpriority creditor's name and mailing address

Aaron Michael Parees
399 CALADO AVE
CAMPBELL, CA 95008

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

Debtor Name	Case number (if known)	
A-1 Express Delivery Service, Inc.	17-52865	
3.20 Nonpriority creditor's name and mailing address ABDALLAHI ABDI 6804 S 123RD ST 86 SEATTLE, WA 98178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.21 Nonpriority creditor's name and mailing address Abdifatah Hassan 1010 LARCH STREET APT 14 INGLEWOOD, CA 90301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.22 Nonpriority creditor's name and mailing address ABDIFATAH HUSSEIN 3235 S 152ND ST 205 SEATAC, WA 98188 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.23 Nonpriority creditor's name and mailing address ABDIFATAH M HASSAN 400 NW GILMAN BLVD #2 ISSAQUAH, WA 98027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.24 Nonpriority creditor's name and mailing address ABDIKADIR ALI 9061 SEWARD PARK AVE S 24-258 SEATTLE, WA 98118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.25 Nonpriority creditor's name and mailing address ABDIKANI ABDIRHMAN 3240 S 152ND STREET APT 15 SEATAC, WA 98188 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.26 Nonpriority creditor's name and mailing address ABDILLAHI S ISMAIL 1399 PACIFIC AVE APT 207 SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.27 Nonpriority creditor's name and mailing address

Abdillahi S Ismail
1399 PACIFIC AVE APT 207
SAN LEANDRO, CA 94577

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.28 Nonpriority creditor's name and mailing address

ABDIRABI MUSE
4704 164TH ST
TUKWILA, WA 98188

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.29 Nonpriority creditor's name and mailing address

ABDIRASHID OSMAN
3002 S 208TH 35
SEATAC, WA 98198

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.30 Nonpriority creditor's name and mailing address

ABDIRISAQ OSMAN
5218 35TH AVE S
SEATTLE, WA 98188

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.31 Nonpriority creditor's name and mailing address

ABDIWALI ALI
3726 180TH ST APT G103
SEATAC, WA 98188

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.32 Nonpriority creditor's name and mailing address

Abdol Amir M Albou Khanfar
1588 KOSSER RD APT 16
SAN JOSE, CA 95118

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.33 Nonpriority creditor's name and mailing address

Abdul Hasib Qazizada
PO BOX 55164
HAYWARD, CA 94545

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.34 Nonpriority creditor's name and mailing address

ABDUL KANU
20832 31ST LANE SOUTH APT D
SEATAC, WA 98198

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.35 Nonpriority creditor's name and mailing address

Abdul Razaq Mominzada
6 LANCASTER CIR APT 210
BAY POINT, CA 94565

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.36 Nonpriority creditor's name and mailing address

ABDULKADIR MOHAMED
3730 S 148TH ST #33 33
TUKWILA, WA 98168

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.37 Nonpriority creditor's name and mailing address

ABDULKADIR NOOR
17231 32ND AVE S D3
SEATAC, WA 98188

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.38 Nonpriority creditor's name and mailing address

ABDULKARIM YUSU ADAM
1399 PACIFIC AVE APT 207
SAN LEANDRO, CA 94577

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.39 Nonpriority creditor's name and mailing address

Abdulkarim Yusuf Adam
1399 PACIFIC AVE APT 207
SAN LEANDRO, CA 94577

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.40 Nonpriority creditor's name and mailing address

Abdullah Syed Gowhary
3205 FIJI LANE
ALAMEDA, CA 94502

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.41	Nonpriority creditor's name and mailing address ABDULLAHI FARAH 13332 32ND AVE S SEATTLE, WA 98168 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.42	Nonpriority creditor's name and mailing address ABDULLAHI SHIRE 12601 68TH AVE S APT 1C SEATTLE, WA 98178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.43	Nonpriority creditor's name and mailing address ABDULQADIR A ABDULLE 14828 MILITARY RD S APT 219 TUKWILA, WA 98168 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.44	Nonpriority creditor's name and mailing address Abdulqadr Imam Aberra 453 NEPTUNE GARDEN AVE APT C ALAMEDA, CA 94501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.45	Nonpriority creditor's name and mailing address ABDULWALI ABDULLAHI 7411 ROCKERY DR S SEATTLE, WA 98118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.46	Nonpriority creditor's name and mailing address ABDUNASIR MOHAMMED 5110 S GARDEN ST 4 SEATTLE, WA 98118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.47	Nonpriority creditor's name and mailing address Abigail Vargas Valerio 2220 SITKA ST SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.48	Nonpriority creditor's name and mailing address ABIY BIZUNEH 8670 FRANCIS LEWIS BLVD. A-25 QUEENS VILLAGE, NY 11427 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.49	Nonpriority creditor's name and mailing address Abraham Chavez 10347 HICKORY ST LOS ANGELES, CA 90002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.50	Nonpriority creditor's name and mailing address Abraham Huruyteklü 261 Fairmount Ave Oakland, CA 94080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.51	Nonpriority creditor's name and mailing address ACCACIA TARA DOWNER P.O. BOX 24831 OAKLAND, CA 94623 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.52	Nonpriority creditor's name and mailing address Accacia Tara Downer P.O. BOX 24831 OAKLAND, CA 94623 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.53	Nonpriority creditor's name and mailing address Acme Logistics Inc PO Box 142 Greenville, SC 29602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$445.10
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3.54	Nonpriority creditor's name and mailing address Action Logistics PO Box 510535 New Berlin, WI 53151-0535 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$676.50
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Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.55 Nonpriority creditor's name and mailing address

Adam Deron Bridewell
3430 JASMINE AVE APT 201
TORRANCE, CA 90501

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.56 Nonpriority creditor's name and mailing address

Adam Magsaysay
253 DOLLAR MOUNTAIN DR
SAN JOSE, CA 95127

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.57 Nonpriority creditor's name and mailing address

Adam Richard Koscielniak
6553 FALL RIVER DR
SAN JOSE, CA 95120

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.58 Nonpriority creditor's name and mailing address

Adam Shea Wicklander
14569 CHARMERAN AVE
SAN JOSE, CA 95124

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.59 Nonpriority creditor's name and mailing address

Adam William Smith
701 CURTNER AVE APT 268
SAN JOSE, CA 95125

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.60 Nonpriority creditor's name and mailing address

Ade B Bakari
1942 47TH AVE APT 16
OAKLAND, CA 94601

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.61 Nonpriority creditor's name and mailing address

Adekunle Olubunmi Ogunnowo
5916 LANKERSHIM BLVD #222
NORTH HOLLYWOOD, CA 91601

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.62	Nonpriority creditor's name and mailing address ADELE FELIX 146-33 224TH STREET JAMAICA, NY 11413 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.63	Nonpriority creditor's name and mailing address ADEN NUR 3002 S 208TH ST APT J5 SEATAC, WA 98198 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.64	Nonpriority creditor's name and mailing address Adil Joan Saed 920 BROOKCLIFF CIR SAN RAMON, CA 94582 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.65	Nonpriority creditor's name and mailing address Admin American 1720 Windward Concourse #290 Alpharetta, GA 30005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$592.40
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3.66	Nonpriority creditor's name and mailing address Adolfo Loza 1923 LOYOLA DR SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.67	Nonpriority creditor's name and mailing address ADONIS D NABONG 1775 MILMONT DR APT O 201 MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.68	Nonpriority creditor's name and mailing address Adonis D Nabong 1775 MILMONT DR APT O 201 MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.69	Nonpriority creditor's name and mailing address ADP 401K 1 ADP Blvd Roseland, NJ 07068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.70	Nonpriority creditor's name and mailing address ADRIAN ALEXANDE HERNADI 34768 BOWIE COMMON FREMONT, CA 94555 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.71	Nonpriority creditor's name and mailing address Adrian Alexandre Hernadi 34768 BOWIE COMMON FREMONT, CA 94555 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.72	Nonpriority creditor's name and mailing address Adrian Alexander Ruiz 9454 SIDEVIEW DR DOWNEY, CA 90240 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.73	Nonpriority creditor's name and mailing address Adrian Arias 936 AZURE STREET A11 SUNNYVALE, CA 94087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.74	Nonpriority creditor's name and mailing address Adrian Castillo de Jesus 28665 HARVEY AVE HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.75	Nonpriority creditor's name and mailing address ADRIAN JESUS VALENZUELA 27322 TYRRELL AVE APT E8 HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.76	Nonpriority creditor's name and mailing address Adrian Jesus Valenzuela 27322 TYRRELL AVE APT E8 HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.77	Nonpriority creditor's name and mailing address ADRIAN LAMAR PYLES 444 GROVE WAY HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.78	Nonpriority creditor's name and mailing address Adrian Lamar Pyles 444 GROVE WAY HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.79	Nonpriority creditor's name and mailing address ADRIAN MORA SANCHEZ 2685 VILLA MONTEREY SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.80	Nonpriority creditor's name and mailing address Adrian Mora Sanchez 2685 VILLA MONTEREY SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.81	Nonpriority creditor's name and mailing address ADRIAN SALAZAR SATRUSTEGUI 581 CALLAN AVE SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.82	Nonpriority creditor's name and mailing address Adrian Salazar Satrustegui 581 CALLAN AVE SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.83	Nonpriority creditor's name and mailing address ADRIANA SOFIA FALCON 1477 HUBBARD AVE SAN LEANDRO, CA 94579 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.84	Nonpriority creditor's name and mailing address Adriana Sofia Falcon 1477 HUBBARD AVE SAN LEANDRO, CA 94579 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.85	Nonpriority creditor's name and mailing address AFREEK SINGH 1180 BACCHUS DR SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.86	Nonpriority creditor's name and mailing address AFTIN ALI ABDI 3815 S OTHELLO ST APT 100-187 SEATTLE, WA 98118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.87	Nonpriority creditor's name and mailing address AFZAL RAHAMAN 2065 WATSON AVE BRONX, NY 10472 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.88	Nonpriority creditor's name and mailing address Ahmad Abdeljawad PO Box 360162 Milpitas, CA 95036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.89	Nonpriority creditor's name and mailing address AHMAD ALBAKMAWI 2436 COLUMBINE CT HAYWARD, CA 94545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.90	Nonpriority creditor's name and mailing address Ahmad Albaksmawi 2436 COLUMBINE CT HAYWARD, CA 94545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.91	Nonpriority creditor's name and mailing address Ahmad Jawad Naimee 24547 AMADOR ST APT 12 HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.92	Nonpriority creditor's name and mailing address AHMAD TAJGARDOUN 108 SCHOOL ST APT 2 DALY CITY, CA 94014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.93	Nonpriority creditor's name and mailing address Ahmad Tajgardoun 108 SCHOOL ST APT 2 DALY CITY, CA 94014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.94	Nonpriority creditor's name and mailing address Ahmed Abdalla Alghrably 900 Mansell St. San Francisco, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.95	Nonpriority creditor's name and mailing address AHMED B SHEIKH MOHAMED 4124 MLK JR WAY SEATTLE, WA 98108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.96	Nonpriority creditor's name and mailing address AHMED OSMAN 14432 MILITARY RD SOUTH 5 TUKWILA, WA 98168 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.97	Nonpriority creditor's name and mailing address AIC Owner, LLC PO Box 842821 Los Angeles, CA 90084-2821 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,254.82
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3.98	Nonpriority creditor's name and mailing address Akeisha G Melfort 2402 MLK JR WAY BERKELEY, CA 94704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.99	Nonpriority creditor's name and mailing address Akina Latoya Langston 2128 BONAR ST APT 2 BERKELEY, CA 94702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.100	Nonpriority creditor's name and mailing address AL PRICE 2520 CHRUCH ST APT 407 OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.101	Nonpriority creditor's name and mailing address AI Price 2520 CHRUCH ST APT 407 OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.102	Nonpriority creditor's name and mailing address AI Vaughn A Rodgers 1648 ROMA DR PITTSBURG, CA 94565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.103	Nonpriority creditor's name and mailing address Alan Amir 275 GEORGIA AVE SAN BRUNO, CA 94066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.104	Nonpriority creditor's name and mailing address Alan Kirk Tolbert 175 6TH ST APT 510 SAN FRANCISCO, CA 94103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.105	Nonpriority creditor's name and mailing address Alan Mitchell 704 EAST IMPERIAL HIGHWAY LOS ANGELES, CA 90059 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.106	Nonpriority creditor's name and mailing address Alan Wang 34077 PASEO PADRE PKWY APT 137 FREMONT, CA 94555 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.107	Nonpriority creditor's name and mailing address Albert Alexander Castaneda 1549 ORLANDO DRIVE SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.108	Nonpriority creditor's name and mailing address ALBERT ANTONE 346 105TH AVE APT E OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.109	Nonpriority creditor's name and mailing address Albert Antone 346 105TH AVE APT E OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.110	Nonpriority creditor's name and mailing address Albert Haylock 1264 WEST 83RD PLACE LOS ANGELES, CA 90044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.111	Nonpriority creditor's name and mailing address Albert W. Chan PO BOX 280212 SAN FRANCISCO, CA 94128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.112	Nonpriority creditor's name and mailing address Albert William Johnson 100 IRENE CT APT 2 BELMONT, CA 94002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.113	Nonpriority creditor's name and mailing address ALBERTO ARJON 14190 WOODHAVEN DR SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.114	Nonpriority creditor's name and mailing address Alberto Arjon 14190 WOODHAVEN DR SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.115	Nonpriority creditor's name and mailing address ALBERTO LUNA 1286 TUCSON AVE SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.116	Nonpriority creditor's name and mailing address Alberto Luna 1286 TUCSON AVE SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.117	Nonpriority creditor's name and mailing address Alberto Rios 675 WARDEN AVE SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.118	Nonpriority creditor's name and mailing address ALBERTO RODRIGUEZ 31 MIDLAND AVE WHITE PLAINS, NY 10606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.119	Nonpriority creditor's name and mailing address Alcides Martinez Vasquez 24 BOSTON AVENUE SAN JOSE, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.120	Nonpriority creditor's name and mailing address ALDO ARGENES BOBADILLA 4716 FISHER STREET LOS ANGELES, CA 90022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.121	Nonpriority creditor's name and mailing address Aldo Argenes Bobadilla 4716 FISHER STREET LOS ANGELES, CA 90022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.122	Nonpriority creditor's name and mailing address ALEJANDRO ARREOLA PARBOL 1223 VINE ST APT A SAN JOSE, CA 95110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.123	Nonpriority creditor's name and mailing address Alejandro Arreola Parbol 1223 VINE ST APT A SAN JOSE, CA 95110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.124	Nonpriority creditor's name and mailing address Alejandro Cervantes 844 W FLORENCE LOS ANGELES, CA 90044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.125	Nonpriority creditor's name and mailing address ALEMNEW BELAY 3024 S BRIGHTON ST SEATTLE, WA 98108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.126	Nonpriority creditor's name and mailing address Alen Yousefpour 20710 BASSETT STREET WINNETKA, CA 91306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.127	Nonpriority creditor's name and mailing address Alessandra Ibeth Ayala 2224 MENALTO AVE EAST PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.128	Nonpriority creditor's name and mailing address Alex Guzman Abaja 737 HANOVER ST DALY CITY, CA 94014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.129	Nonpriority creditor's name and mailing address ALEX LAMAR JONES 2032 CULLIVAN ST LOS ANGELES, CA 90047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.130	Nonpriority creditor's name and mailing address Alex Lamar Jones 2032 CULLIVAN ST LOS ANGELES, CA 90047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.131	Nonpriority creditor's name and mailing address Alex Merino 1611 PRINCE ST BERKELEY, CA 94703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Name	Case number (if known)	
	A-1 Express Delivery Service, Inc.	17-52865	
3.132	Nonpriority creditor's name and mailing address Alex Oleg Drobot 5645 EVERGREEN TER FREMONT, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.133	Nonpriority creditor's name and mailing address Alex Phi Hoang 937 B BRANHAM LN SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.134	Nonpriority creditor's name and mailing address Alex Samuel Haynes 145 WESTLAKE AVE DALY CITY, CA 94014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.135	Nonpriority creditor's name and mailing address Alexander Deven Garfield 2361 CABRILLO AVE SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.136	Nonpriority creditor's name and mailing address ALEXANDER DIAZ 941 W CARSON ST UNIT 302 TORRANCE, CA 90502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.137	Nonpriority creditor's name and mailing address ALEXANDER GREGO CRANDALL 1707 MERRILL CREEK PARKWAY APT 626 EVERETT, WA 98023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.138	Nonpriority creditor's name and mailing address ALEXANDER JAMES LEE 1970 S ROBERTSON BLVD LOS ANGELES, CA 90034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.139	Nonpriority creditor's name and mailing address Alexander James Lee 1970 S ROBERTSON BLVD LOS ANGELES, CA 90034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.140	Nonpriority creditor's name and mailing address Alexander Joseph Berru 1737 ADDISON ROAD PALOS VERDES ESTATES, CA 90274 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.141	Nonpriority creditor's name and mailing address Alexander Kamal Gamoney 2691 STAMFORD ROW SOUTH SAN FRANCISCO, CA 94080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.142	Nonpriority creditor's name and mailing address Alexander Kapolchok 601 Van Ness Ave. San Rafael, CA 94080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.143	Nonpriority creditor's name and mailing address Alexander Khaziri 3222 TRELIS PLACE SAN JOSE, CA 95135 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.144	Nonpriority creditor's name and mailing address Alexander Kiyoshi Jenkins 11329 CHARNOCK RD LOS ANGELES, CA 90066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.145	Nonpriority creditor's name and mailing address ALEXANDER MARTI UHLIG 3674 OAKES DR HAYWARD, CA 94542 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.146 Nonpriority creditor's name and mailing address

Alexander Marti Uhlig
3674 OAKES DR
HAYWARD, CA 94542

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.147 Nonpriority creditor's name and mailing address

Alexander Nefedov
12306 GALE AVE 110
HAWTHORNE, CA 90250

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.148 Nonpriority creditor's name and mailing address

ALEXANDER REGGE
10319 SE 185 PL
RENTON, WA 98055

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.149 Nonpriority creditor's name and mailing address

ALEXANDER STEPH HELRIEGEL
623B NORTH LUCIA AVE
REDONDO BEACH, CA 90277

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.150 Nonpriority creditor's name and mailing address

Alexander Stephen Helriegel
623B NORTH LUCIA AVE
REDONDO BEACH, CA 90277

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.151 Nonpriority creditor's name and mailing address

Alexandra Brandao
1753 139th ave
San Leandro, CA 94578

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.152 Nonpriority creditor's name and mailing address

Alexis Rae Finnie
1410 YOSEMITE DR
MILPITAS, CA 95035

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.153 Nonpriority creditor's name and mailing address

Alexis S Carlson
550 BERRY AVE APT 25
HAYWARD, CA 94544

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.154 Nonpriority creditor's name and mailing address

ALEXIS SALAZAR
1842 W BAYSHORE RD APT 5
EAST PALO ALTO, CA 94303

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.155 Nonpriority creditor's name and mailing address

Alexis Salazar
1842 W BAYSHORE RD APT 5
EAST PALO ALTO, CA 94303

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.156 Nonpriority creditor's name and mailing address

Alexzia Broussard
P O BOX 51519
PALO ALTO, CA 94303

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.157 Nonpriority creditor's name and mailing address

Alfred Calvin Lim
359 NORTHAVEN DR
DALY CITY, CA 94015

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.158 Nonpriority creditor's name and mailing address

Alfred Lee Hines
5560 ACKERFIELD AVE APT 314
LONG BEACH, CA 90805

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.159 Nonpriority creditor's name and mailing address

ALFRED PEREZ
8785 ANADA CT
RANCHO CUCAMANGA, CA 91730

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

Debtor	Name	Case number (if known)	17-52865
3.160	Nonpriority creditor's name and mailing address ALFREDO ALVARADO 9548 ALEXANDER AVE SOUTH GATE, CA 90280 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.161	Nonpriority creditor's name and mailing address Alfredo Alvarado 9548 ALEXANDER AVE SOUTH GATE, CA 90280 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.162	Nonpriority creditor's name and mailing address ALFREDO MOUSSET 4551 W. 170TH ST LAWNDALE, CA 90260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.163	Nonpriority creditor's name and mailing address Alfredo Mousset 4551 W. 170TH ST LAWNDALE, CA 90260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.164	Nonpriority creditor's name and mailing address Ali Adnan M Alshaikhli 1306 SCENICVIEW DR SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.165	Nonpriority creditor's name and mailing address Ali Esmaeilshirazi 23104 SAMUEL ST APT 115 TORRANCE, CA 90505 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.166	Nonpriority creditor's name and mailing address ALI HASSAN MOHAMUD 13445 MLK JR WAY S APT A402 SEATTLE, WA 98178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Name	Case number (if known)	17-52865
3.167	Nonpriority creditor's name and mailing address Ali Ibrahim 3279 KAREN DR SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.168	Nonpriority creditor's name and mailing address ALI JORFI 808 SARATOGA AVE APT 0310 SAN JOSE, CA 95129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.169	Nonpriority creditor's name and mailing address Ali Jorfi 808 SARATOGA AVE APT 0310 SAN JOSE, CA 95129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.170	Nonpriority creditor's name and mailing address ALICIA ELIZABET MONTERO 506 EUCALYPTUS DR SAN JOSE, CA 95134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.171	Nonpriority creditor's name and mailing address Alicia Elizabet Montero 506 EUCALYPTUS DR SAN JOSE, CA 95134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.172	Nonpriority creditor's name and mailing address ALICIA LORRAINE BAYARD 2130 E 115TH ST APT 13 LOS ANGELES, CA 90059 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.173	Nonpriority creditor's name and mailing address Alicia Lorraine Bayard 2130 E 115TH ST APT 13 LOS ANGELES, CA 90059 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.174	Nonpriority creditor's name and mailing address Alipate Iulisesil Faletau 267 WILLOW RD MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.175	Nonpriority creditor's name and mailing address ALIREZA SHAHVERDI 1750 STOKES STREET SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.176	Nonpriority creditor's name and mailing address Alireza Shahverdi 1750 STOKES STREET SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.177	Nonpriority creditor's name and mailing address Alisha Ann Stephens 2170 CLARKE AVE E PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.178	Nonpriority creditor's name and mailing address ALISHA GREENE PHILLIPS 5205 87TH PL SW MUKILTEO, WA 98275 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.179	Nonpriority creditor's name and mailing address Alisha Wilcox 319 WISTERIA DR EAST PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.180	Nonpriority creditor's name and mailing address Allen Bruce Cox 24165 Summit Woods Drive Los Gatos, CA 95033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.181 Nonpriority creditor's name and mailing address

ALLEN CASBORN
2424 WILSHIRE BLVD APT 819
LOS ANGELES, CA 90057

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: 6 mo term

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.182 Nonpriority creditor's name and mailing address

Allen Casborn
2424 WILSHIRE BLVD APT 819
LOS ANGELES, CA 90057

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Class List

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.183 Nonpriority creditor's name and mailing address

ALLEN LAMONT JAMES
3115 MEADOWS AVE APT 48
MERCED, CA 95348

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: 6 mo term

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.184 Nonpriority creditor's name and mailing address

Allen Lamont James
3115 MEADOWS AVE APT 48
MERCED, CA 95348

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Class List

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.185 Nonpriority creditor's name and mailing address

ALPA GAJJAR
3158 BRIARCLIFF RD NE APT D
ATLANTA, GA 30329

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: 6 mo term

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.186 Nonpriority creditor's name and mailing address

Alpha Courier Solutions
PO Box 10233
Nashville, TN 37939

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

\$75.00

3.187 Nonpriority creditor's name and mailing address

ALTON DEVANTE JONES
4141 PALM AVE APT 276
SACRAMENTO, CA 95842

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: 6 mo term

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.188	Nonpriority creditor's name and mailing address Alton Devante Jones 22826 VERMONT ST APT 203 HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.189	Nonpriority creditor's name and mailing address Alvaro Posada 135 FRANKLIN ST #324 MOUNTAIN VIEW, CA 94041 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.190	Nonpriority creditor's name and mailing address Always Reliable Delivery Serv. PO Box 2424 Morristown, NJ 07962 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,127.34
3.191	Nonpriority creditor's name and mailing address Am Tran 3975 Pacific Blvd San Mateo, CA 94403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,272.67
3.192	Nonpriority creditor's name and mailing address Amanda Aguilar 152 W 59TH ST LOS ANGELES, CA 90003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.193	Nonpriority creditor's name and mailing address AMANDA KAY DANCISIN 1637 ORLEANS DR SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.194	Nonpriority creditor's name and mailing address Amanda Kay Dancisin 1637 ORLEANS DR SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Name	Case number (if known)	17-52865
3.195	Nonpriority creditor's name and mailing address Amanda Page Kuehl 3757 WESTWOOD BLVD APT 5 LOS ANGELES, CA 90034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.196	Nonpriority creditor's name and mailing address AMARIUS MILLER 905 1/2 EAST HYDE PARK INGLEWOOD, CA 90302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.197	Nonpriority creditor's name and mailing address Amarius Miller 905 1/2 EAST HYDE PARK INGLEWOOD, CA 90302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.198	Nonpriority creditor's name and mailing address AMBER MOHAMMAD ABDEL-RAHMAN 234 E GISH APT 200 SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.199	Nonpriority creditor's name and mailing address Amber Mohammad Abdel-Rahman 234 E GISH APT 200 SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.200	Nonpriority creditor's name and mailing address AMELIA DELGADILLO RODRIGUEZ 1072 S 11TH ST SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.201	Nonpriority creditor's name and mailing address Amelia Delgadillo Rodriguez 1072 S 11TH ST SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor Name	Case number (if known)	17-52865
A-1 Express Delivery Service, Inc. 3.202 Nonpriority creditor's name and mailing address American Expediting Company 801 N Primos Ave Folcroft, PA 19032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$43,162.47
3.203 Nonpriority creditor's name and mailing address American Express PO Box 1270 Newark, NJ 07101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$168,433.70
3.204 Nonpriority creditor's name and mailing address American Express @ Work PO Box 1270 Newark, NJ 07101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$216,861.00
3.205 Nonpriority creditor's name and mailing address Aminata Moussa Diabate 930 84TH AVE APT 107 OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.206 Nonpriority creditor's name and mailing address Amir Shafiee 21845 SATICOY ST APT 303 CANOGA PARK, CA 91304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.207 Nonpriority creditor's name and mailing address Amna Mahmoud Hamid 1201 HASKELL ST APT 4 BERKELEY, CA 94702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.208 Nonpriority creditor's name and mailing address Amos Kigenyi 20641 VANOWEN STREET APT 108 WINNETKA, CA 91306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.209	Nonpriority creditor's name and mailing address Amritpal Singh 2585 ALVIN AVENUE EAST 111 SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.210	Nonpriority creditor's name and mailing address Amtrust North America 800 Superior Avenue E Cleveland, OH 44114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$330,000.00
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3.211	Nonpriority creditor's name and mailing address ANA GILMA IRAHETA 1216 MARIN AVE MODESTO, CA 95358 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.212	Nonpriority creditor's name and mailing address Ana Gilma Iraheta 1216 MARIN AVE MODESTO, CA 95358 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.213	Nonpriority creditor's name and mailing address ANA LOURDES LOYA 455 LAUFALL LANE SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.214	Nonpriority creditor's name and mailing address Ana Lourdes Loya 455 LAUFALL LANE SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.215	Nonpriority creditor's name and mailing address Analy Y Cruz Esparza 4071 HOBART AVE SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.216	Nonpriority creditor's name and mailing address Anderson Videsh Ramlogan 2264 Greenwich Rd San Pablo, CA 94806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.217	Nonpriority creditor's name and mailing address ANDRE ATKINS 1510 NW 52ND ST A4 SEATTLE, WA 98107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.218	Nonpriority creditor's name and mailing address Andre Cardin Rogers 1876 NORSEMAN DR SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.219	Nonpriority creditor's name and mailing address Andre Grinberg 310 S PROSPECT AVE APT 36 REDONDO BEACH, CA 90277 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.220	Nonpriority creditor's name and mailing address ANDRE HICKS 33 SARATOGA AVE 5C BROOKLYN, NY 11233 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.221	Nonpriority creditor's name and mailing address Andrea Ines Soto Garcia 855 TURLEY DR SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.222	Nonpriority creditor's name and mailing address Andres Prieto Sanchez 1184 HERALD AVE SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.223	Nonpriority creditor's name and mailing address Andrew Bravo 2328 SOUTH DUNSMUIR AVE LOS ANGELES, CA 90016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.224	Nonpriority creditor's name and mailing address Andrew Chacon 606 N OXFORD AVE APT 302 LOS ANGELES, CA 90004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.225	Nonpriority creditor's name and mailing address ANDREW CHIEN-AN LAI 2059 BLUEJACKET WAY SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.226	Nonpriority creditor's name and mailing address Andrew Chien-An Lai 2059 BLUEJACKET WAY SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.227	Nonpriority creditor's name and mailing address ANDREW HIEUANH LAM 3145 EDENBANK DR SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.228	Nonpriority creditor's name and mailing address Andrew Hieuanh Lam 3145 EDENBANK DR SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.229	Nonpriority creditor's name and mailing address Andrew Joel Cotti 1659 E. SAN ANTONIO ST SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.230	Nonpriority creditor's name and mailing address Andrew Juan Lopez 358 SPRINGPARK CIR SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.231	Nonpriority creditor's name and mailing address ANDREW KENTRELL WEST JR 1350 E 32ND ST OAKLAND, CA 94602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.232	Nonpriority creditor's name and mailing address Andrew Kentrell West Jr 1350 E 32ND ST OAKLAND, CA 94602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.233	Nonpriority creditor's name and mailing address ANDREW LAKE 214 JOSEPH DRIVE CANONSBURG, PA 15317 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.234	Nonpriority creditor's name and mailing address Andrew Lee Davis 12306 GALE AVE APT 225 HAWTHORNE, CA 90250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.235	Nonpriority creditor's name and mailing address Andrew Lee Rosas 127 SMITHWOOD ST MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.236	Nonpriority creditor's name and mailing address Andrew Mikael Danh 1610 FLANIGAN DRIVE SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.237	Nonpriority creditor's name and mailing address ANDREW MONTES 1585 MARSH ST SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.238	Nonpriority creditor's name and mailing address Andrew Montes 1585 MARSH ST SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.239	Nonpriority creditor's name and mailing address Andrew Thomas Lerma 768 MELANNIE CT SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.240	Nonpriority creditor's name and mailing address ANDREW TZU-SHYANG LIN 949 POLK ST ALBANY, CA 94706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.241	Nonpriority creditor's name and mailing address Andrew Tzu-Shyang Lin 949 POLK ST ALBANY, CA 94706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.242	Nonpriority creditor's name and mailing address Andrew Villaflor Tambanillo 166 WYANDOTTE DR SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.243	Nonpriority creditor's name and mailing address Andy Chau 37515 SOUTHWOOD DR FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.244 Nonpriority creditor's name and mailing address

Andy Phuc Nguyen Truong Le
5466 LEAN AVE BLDG 8 APT 102
SAN JOSE, CA 95123

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.245 Nonpriority creditor's name and mailing address

ANGEL GOMEZ
130 ABBOT AVE
DALY CITY, CA 94014

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.246 Nonpriority creditor's name and mailing address

Angel Gomez
130 ABBOT AVE
DALY CITY, CA 94014

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.247 Nonpriority creditor's name and mailing address

Angel Munoz Garcia
2245 LANAI AVE APT 74
SAN JOSE, CA 95122

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.248 Nonpriority creditor's name and mailing address

Angela Lucia Martin
21690 MARYDEE CT
HAYWARD, CA 94541

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.249 Nonpriority creditor's name and mailing address

ANGELICA ALEJAN MARTINEZ
735 TUDOR RD APT 1
SAN LEANDRO, CA 94577

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.250 Nonpriority creditor's name and mailing address

Angelica Alejandra Martinez
735 TUDOR RD APT 1
SAN LEANDRO, CA 94577

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

Debtor **A-1 Express Delivery Service, Inc.**
Name

Case number (if known) **17-52865**

3.251	Nonpriority creditor's name and mailing address Angelica Esperan Galvan-Vieyra PO BX 373 MORGAN HILL, CA 95038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.252	Nonpriority creditor's name and mailing address Angelina Lee Williams 229 WISTAR RD OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.253	Nonpriority creditor's name and mailing address ANGELIQUE S PHILIP 204-19 JAMAICA AVENUE HOLLIS, NY 11423 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.254	Nonpriority creditor's name and mailing address Angelita Jerrollyn Bratcher 5349 DIAMOND HEIGHTS BLVD APT D SAN FRANCISCO, CA 94131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.255	Nonpriority creditor's name and mailing address Anh Tan Huynh 3373 LINDMUIR DR SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.256	Nonpriority creditor's name and mailing address ANH-THU HOANG LE 1164 CRESTON LANE SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.257	Nonpriority creditor's name and mailing address Anh-Thu Hoang Le 1164 CRESTON LANE SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Name	Case number (if known)	17-52865
3.258	Nonpriority creditor's name and mailing address ANIL MANHAS 980 HENDERSON AVE APT 3 SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.259	Nonpriority creditor's name and mailing address Anil Manhas 980 HENDERSON AVE APT 3 SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.260	Nonpriority creditor's name and mailing address ANISA ALI 2323 SW 352ND ST APT 5D FEDERAL WAY, WA 98023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.261	Nonpriority creditor's name and mailing address Anita Marie Jackson 2011 VILLA DR APT 108 PITTSBURG, CA 94565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.262	Nonpriority creditor's name and mailing address Ann Teresa Kipp 3677 JASMINE AVE #11 LOS ANGELES, CA 90034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.263	Nonpriority creditor's name and mailing address Anna Maria Ofa Ki Alta Mesa Uhatafe 2737 GONZAGA ST E PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.264	Nonpriority creditor's name and mailing address ANNETTE EVETTE CHANDLER 1763B STERLING PLACE BROOKLYN, NY 11234 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.265	Nonpriority creditor's name and mailing address Annette Logan 9414 SOUTH SAN PEDRO STREET #2 LOS ANGELES, CA 90003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.266	Nonpriority creditor's name and mailing address Annette Lynn Valle 2 CLARK DRIVE #302 SAN MATEO, CA 94401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.267	Nonpriority creditor's name and mailing address ANTENEH BISHU 4549 34TH AVE S SEATTLE, WA 98118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.268	Nonpriority creditor's name and mailing address ANTHONY ACREY 23928 109TH AVE S E APT 2D-203 KENT, WA 98031 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.269	Nonpriority creditor's name and mailing address Anthony Alexander Shaw 14706 DARIUS WAY SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.270	Nonpriority creditor's name and mailing address ANTHONY AROON PHOMMACHIT 3364 LANDESS AVE APT D SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.271	Nonpriority creditor's name and mailing address Anthony Aroon Phommachit 3364 LANDESS AVE APT D SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc.	Case number (if known)	17-52865
Name			
3.272	Nonpriority creditor's name and mailing address ANTHONY BREED 1029 S 116TH ST SEATTLE, WA 98168 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.273	Nonpriority creditor's name and mailing address ANTHONY CHOIMUN LING 38623 CHERRY LN APT 150 FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.274	Nonpriority creditor's name and mailing address Anthony Choimung Ling 38623 CHERRY LN APT 150 FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.275	Nonpriority creditor's name and mailing address Anthony Estus Marshall 3317 ARKANSAS ST OAKDLAND, CA 94602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.276	Nonpriority creditor's name and mailing address ANTHONY J STREET 3438 WILSON AVE APT 38 OAKLAND, CA 94602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.277	Nonpriority creditor's name and mailing address Anthony J Street 3438 WILSON AVE APT 38 OAKLAND, CA 94602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.278	Nonpriority creditor's name and mailing address ANTHONY JERROD AUTRY JR 2481 GROVE WAY APT 34 CASTRO VALLEY, CA 94546 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Name	Case number (if known)	17-52865
3.279	Nonpriority creditor's name and mailing address Anthony Jerrod Autry Jr 2481 GROVE WAY APT 34 CASTRO VALLEY, CA 94546 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.280	Nonpriority creditor's name and mailing address Anthony Jonathon Hernandez 3612 KENDRA WAY SAN JOSE, CA 95130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.281	Nonpriority creditor's name and mailing address ANTHONY JOSE OLMOS 150 SARATOGA AVE APT 323 SANTA CLARA, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.282	Nonpriority creditor's name and mailing address Anthony Jose Olmos 150 SARATOGA AVE APT 323 SANTA CLARA, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.283	Nonpriority creditor's name and mailing address ANTHONY KERR 259 CATANEY LANE BULGER, PA 15019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.284	Nonpriority creditor's name and mailing address ANTHONY LUCERO JR 7709 LOWER RIDGE RD EVERETT, WA 98203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.285	Nonpriority creditor's name and mailing address Anthony Mai Nguyen 15233 DOTY AVE LAWNDALE, CA 90260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.286	Nonpriority creditor's name and mailing address ANTHONY MENDOZA 791 E DUANE AVE APT B SUNNYVALE, CA 94085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.287	Nonpriority creditor's name and mailing address Anthony Mendoza 791 E DUANE AVE APT B SUNNYVALE, CA 94085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.288	Nonpriority creditor's name and mailing address Anthony Michael Raphael Stamps 2461 SHIELD DR UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.289	Nonpriority creditor's name and mailing address Anthony Navarro Manganaan 33869 WASHINGTON AVE UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.290	Nonpriority creditor's name and mailing address Anthony Philip Rodriguez 2155 LANAI AVE APT 73 SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.291	Nonpriority creditor's name and mailing address ANTHONY RENE JOHNSTON 810 BEACON AVE LOS ANGELES, CA 90017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.292	Nonpriority creditor's name and mailing address Anthony Rene Johnston 810 BEACON AVE LOS ANGELES, CA 90017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.293	Nonpriority creditor's name and mailing address ANTHONY RIVERA 4050 MILLER STREET APT 2 PITTSBURGH, PA 15221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.294	Nonpriority creditor's name and mailing address ANTHONY SELTZ 796 SOUTH GRAY AVENUE BRIDGEVILLE, PA 15017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.295	Nonpriority creditor's name and mailing address ANTHONY SMITH 39 SOUTH 11 AVENUE MOUNT VERNON, NY 10550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.296	Nonpriority creditor's name and mailing address Anthony Vallarta 2705 GOMES DR SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.297	Nonpriority creditor's name and mailing address Anthony Vernon Spearman PO BOX 881033 LOS ANGELES, CA 90009 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.298	Nonpriority creditor's name and mailing address Anthony Viet Nguyen 2756 BELLAIRE PL OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.299	Nonpriority creditor's name and mailing address ANTON COLLINS 7164 CABERNET AVE NEWARK, CA 94560 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.300	Nonpriority creditor's name and mailing address Anton Collins 7164 CABERNET AVE NEWARK, CA 94560 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.301	Nonpriority creditor's name and mailing address ANTON ULASOVICH 4230 TERMAN DR APT 201 PALO ALTO, CA 94306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.302	Nonpriority creditor's name and mailing address Anton Ulasovich 4230 TERMAN DR APT 201 PALO ALTO, CA 94306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.303	Nonpriority creditor's name and mailing address Antone Elias Abuyaghi 940 WILDWOOD AVE DALY CITY, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.304	Nonpriority creditor's name and mailing address ANTONIA AHMED 829 E 19TH ST APT B OAKLAND, CA 94606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.305	Nonpriority creditor's name and mailing address Antonia Ahmed 829 E 19TH ST APT B OAKLAND, CA 94606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.306	Nonpriority creditor's name and mailing address ANTONIO AGUSTIN LOPEZ 523 BUENA VISTA AVE APT 304 ALAMEDA, CA 94501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.307	Nonpriority creditor's name and mailing address Antonio Agustin Lopez 523 BUENA VISTA AVE APT 304 ALAMEDA, CA 94501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.308	Nonpriority creditor's name and mailing address ANTONIO GA 336 BELSHAW DRIVE MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.309	Nonpriority creditor's name and mailing address Antonio Ga 336 BELSHAW DRIVE MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.310	Nonpriority creditor's name and mailing address ANTONIO LOWE 533 OSAGE AVE APT 4 INGLEWOOD, CA 90301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.311	Nonpriority creditor's name and mailing address Antonio Lowe 533 OSAGE AVE APT 4 INGLEWOOD, CA 90301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.312	Nonpriority creditor's name and mailing address ANTONIO WYSS 1041 MAYWOOD LN APT 223 MARTINEZ, CA 94553 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.313	Nonpriority creditor's name and mailing address Antonio Wyss 1041 MAYWOOD LN APT 223 MARTINEZ, CA 94553 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc.	Case number (if known)	17-52865
Name			
3.314	Nonpriority creditor's name and mailing address Antonique B Robinson 2121 WOOLSEY ST BERKELEY, CA 94705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.315	Nonpriority creditor's name and mailing address ANTWAN O COLEMAN 1440 E 115TH ST APT 102 LOS ANGELES, CA 90059 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.316	Nonpriority creditor's name and mailing address Antwan O Coleman 1440 E 115TH ST APT 102 LOS ANGELES, CA 90059 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.317	Nonpriority creditor's name and mailing address ANTYWANE DEMETR ROSS 1203 HASKELL ST BERKELEY, CA 94702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.318	Nonpriority creditor's name and mailing address Antywane Demetric Ross 1203 HASKELL ST BERKELEY, CA 94702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.319	Nonpriority creditor's name and mailing address APRIL A KEHM 702 DUPONT AVE DU PONT, WA 98327 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.320	Nonpriority creditor's name and mailing address AQIYLIMAH PARKER 331 EAST 146 STREET 5D BRONX, NY 10451 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.321	Nonpriority creditor's name and mailing address Arad Tarkhan 5207 TERNER WAY APT 211 SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.322	Nonpriority creditor's name and mailing address AREANA BELL 1514 W 137TH STREET COMPTON, CA 90222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.323	Nonpriority creditor's name and mailing address Areana Bell 1514 W 137TH STREET COMPTON, CA 90222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.324	Nonpriority creditor's name and mailing address Arelí Fernandez Hernandez 3190 HOMESTEAD RD APT 1 SANTA CLARA, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.325	Nonpriority creditor's name and mailing address Ariana Chatea Denise Patterson 344 13TH ST APT 216 OAKLAND, CA 94612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.326	Nonpriority creditor's name and mailing address ARJAY ATCHIVARA MALOLOT 19658 ROGGE ROAD SALINAS, CA 93906 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.327	Nonpriority creditor's name and mailing address Arjay Atchivara Malolot 19658 ROGGE ROAD SALINAS, CA 93906 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.328	Nonpriority creditor's name and mailing address Armando Cruz 1391 GLENA COURT SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.329	Nonpriority creditor's name and mailing address Armando Maciel Jr 2171 CAPITOL AVE EAST PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.330	Nonpriority creditor's name and mailing address Armando Padilla 751 VONNA CT SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.331	Nonpriority creditor's name and mailing address Armando Pedro Garcia 906 WILLOW ST 3102 SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.332	Nonpriority creditor's name and mailing address ARNOLD STA ANA 1736 BURROWS ST SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.333	Nonpriority creditor's name and mailing address Arnold Sta Ana 1736 BURROWS ST SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.334	Nonpriority creditor's name and mailing address Aron Alvarez Ayala 2987 MISSION ST APT 303 SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.335 Nonpriority creditor's name and mailing address

Arthur Alexander Mansilla
32595 CARMEL WAY
UNION CITY, CA 94587

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.336 Nonpriority creditor's name and mailing address

Arthur Lee Jones
406 LINDEN AVE APT # 9
LONG BEACH, CA 90802

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.337 Nonpriority creditor's name and mailing address

Arthur Leroy Norton III
840 E ST JAMES ST
SAN JOSE, CA 95112

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.338 Nonpriority creditor's name and mailing address

ARTIST JAMMAL BATTLE
956 GRETCHEN LN
SAN JOSE, CA 95117

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.339 Nonpriority creditor's name and mailing address

Artist Jammal Battle
956 GRETCHEN LN
SAN JOSE, CA 95117

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.340 Nonpriority creditor's name and mailing address

ARTUR KOSHALEU
400 COCHRAN RD
PITTSBURGH, PA 15228

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.341 Nonpriority creditor's name and mailing address

Arturo Jarzinio Gutierrez
2345 BELLA VISTA AVE
MARTINEZ, CA 94553

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.342 Nonpriority creditor's name and mailing address

Arturo Pena
2137 S MANSFIELD AVE
LOS ANGELES, CA 90016

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.343 Nonpriority creditor's name and mailing address

Arturo Roman
10242 SAN ANTONIO AVENUE
SOUTH GATE, CA 90280

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.344 Nonpriority creditor's name and mailing address

ARTURO SHEPHERD
299 EAST 48TH STREET
BROOKLYN, NY 11203

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.345 Nonpriority creditor's name and mailing address

ASA ARCHIBALD
2223 BENSON RD S V101
RENTON, WA 98055

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.346 Nonpriority creditor's name and mailing address

Ashanti Sutherlin
4310 CAHUENGA BLVD APT 103
TOLUCA LAKE, CA 91602

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.347 Nonpriority creditor's name and mailing address

Ashley Brooke Schumacher
124 FARRAGUT AVE 14
VALLEJO, CA 94590

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.348 Nonpriority creditor's name and mailing address

ASHLEY DAY
2406 MILLS BEND
DECATUR, GA 30034

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.349	Nonpriority creditor's name and mailing address Ashley Denise McCord 1501 Almaden Expy 6252 San Jose, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.350	Nonpriority creditor's name and mailing address Ashley Elizabeth Vance 3187 WOODCREST DR SAN JOSE, CA 95118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.351	Nonpriority creditor's name and mailing address Ashley Nicole Smith 2040 LOTUS WAY TRACY, CA 95376 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.352	Nonpriority creditor's name and mailing address Ashley Nicole Zuniga 425 WESSEX WAY BELMONT, CA 94002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.353	Nonpriority creditor's name and mailing address ASHLEY SLAUGHTER 7024 UPLAND ST PITTSBURGH, PA 15208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.354	Nonpriority creditor's name and mailing address Ashley Tera Bolton PO BX 6592 VALLEJO, CA 94591 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.355	Nonpriority creditor's name and mailing address ASHLEY WHISLER 255 CORONADO DR CORONA, CA 92879 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor Name	Case number (if known)	
A-1 Express Delivery Service, Inc.	17-52865	
3.356 Nonpriority creditor's name and mailing address Ashley Whisler 255 CORONADO DR CORONA, CA 92879 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.357 Nonpriority creditor's name and mailing address ASHLEY WILLIAMS 2180 GRAND CONCOURSE 6A BRONX, NY 10457 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.358 Nonpriority creditor's name and mailing address ASIA DAVIS 1086 HOME ST APT4H BRONX, NY 10459 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.359 Nonpriority creditor's name and mailing address Assegedetch Assefa Desta 1211 Garbo way #304 San Jose, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.360 Nonpriority creditor's name and mailing address AT&T PO Box 105262 Atlanta, GA 30348-5262 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$184.59
3.361 Nonpriority creditor's name and mailing address ATAKILTE BERHANE 1105 E FIR ST. UNIT 613 SEATTLE, WA 98122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.362 Nonpriority creditor's name and mailing address ATHANASIOS ZOURZOUKIS 1637 ORLEANS DR SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.363	Nonpriority creditor's name and mailing address Athanasios Zourzoukis 1637 ORLEANS DR SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.364	Nonpriority creditor's name and mailing address August Max Fleishman 1871 PATIO DR SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.365	Nonpriority creditor's name and mailing address AUNDREA DEJUANA BOYKIN 3024 FRUITVALE AVE APT 13 OAKLAND, CA 94602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.366	Nonpriority creditor's name and mailing address Aundrea Dejuana Boykin 3024 FRUITVALE AVE APT 13 OAKLAND, CA 94602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.367	Nonpriority creditor's name and mailing address AUNG KYAW THANT 204 CAMPANA AVE DALY CITY, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.368	Nonpriority creditor's name and mailing address Aung Kyaw Thant 204 CAMPANA AVE DALY CITY, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.369	Nonpriority creditor's name and mailing address AURLETTE DENISE BROWN 564 VAN SICLEN BROOKLYN, NY 11207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.370	Nonpriority creditor's name and mailing address AUSTIN ONWUKA 1180 CYPRESS ST EAST PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.371	Nonpriority creditor's name and mailing address Austin Onwuka 1180 CYPRESS ST EAST PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.372	Nonpriority creditor's name and mailing address Avtar Singh Bath 4261 Stevenson Blvd Apt. 181 Fremont, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.373	Nonpriority creditor's name and mailing address AWET HAGOS 5502 RAINIER AVE S SEATTLE, WA 98118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.374	Nonpriority creditor's name and mailing address Ayaz Azad Khan 30166 INDUSTRIAL PKWY APT 177 HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.375	Nonpriority creditor's name and mailing address AYESHA MELISSA LEWIS 635 CENTER AVE MARTINEZ, CA 94553 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.376	Nonpriority creditor's name and mailing address Ayesha Melissa Lewis 635 CENTER AVE MARTINEZ, CA 94553 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. Name _____	Case number (if known)	17-52865
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3.377	Nonpriority creditor's name and mailing address Aymard Kenne Ngankam 7620 NORTH EL DORADO APT 161 STOCKTON, CA 95207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.378	Nonpriority creditor's name and mailing address Ba Giang 1520 E CAPITOL EXPWY 129 SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.379	Nonpriority creditor's name and mailing address Babaka Kankolongo Futa 138 E 36TH PLACE LOS ANGELES, CA 90011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.380	Nonpriority creditor's name and mailing address BAMRUNG OLSON 2670 OLIVESTONE WAY SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.381	Nonpriority creditor's name and mailing address Bamrung Olson 2670 OLIVESTONE WAY SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.382	Nonpriority creditor's name and mailing address Barney Duch 1649 SEATTLE ST. MODESTO, CA 95358 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.383	Nonpriority creditor's name and mailing address Baron Messenger 386 NE 191 Street Miami, FL 33179 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,036.81

Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.384 Nonpriority creditor's name and mailing address

BASHA ABDELLA
1757 STURGUS AVE S APT 1
SEATTLE, WA 98144

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: 6 mo term

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.385 Nonpriority creditor's name and mailing address

Bashar Abdulameer Sahio
1577 POMEROY AVE APT 303
SANTA CLARA, CA 95051

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Class List

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.386 Nonpriority creditor's name and mailing address

Bay Area Express
753 Jefferson Street
Napa, CA 94559

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

\$630.00

3.387 Nonpriority creditor's name and mailing address

BEATRIZ ELIZABE RODRIGUEZ
5708 6TH AVE
LOS ANGELES, CA 90043

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: 6 mo term

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.388 Nonpriority creditor's name and mailing address

Beatriz Elizabeth Rodriguez
5708 6TH AVE
LOS ANGELES, CA 90043

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Class List

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.389 Nonpriority creditor's name and mailing address

Beaver Express Inc
PO Box 5216
Alpha, OR 97006

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

\$836.00

3.390 Nonpriority creditor's name and mailing address

BEE VANG
2576 GARETH CIRCLE
STOCTON, CA 95210

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: 6 mo term

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.391 Nonpriority creditor's name and mailing address

Bee Vang
2576 GARETH CIRCLE
STOCTON, CA 95210

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.392 Nonpriority creditor's name and mailing address

Beecher Maurice Anderson
1110 W. 61st Street
Los Angeles, CA 90044

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.393 Nonpriority creditor's name and mailing address

BEHAILU KASSE
4775 TOPAZ ST S APT 45
LAS VEGAS, NV 89121

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.394 Nonpriority creditor's name and mailing address

Behzad Hosseini
193 IMAGES CIR
MILPITAS, CA 95035

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.395 Nonpriority creditor's name and mailing address

BELALL NAWABI
4008 CARIBBEAN COMMON
FREMONT, CA 94555

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.396 Nonpriority creditor's name and mailing address

Belall Nawabi
4008 CARIBBEAN COMMON
FREMONT, CA 94555

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.397 Nonpriority creditor's name and mailing address

Belinda Jeanisha Salter
532 16TH ST APT 302
OAKLAND, CA 94612

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.398	Nonpriority creditor's name and mailing address BELLARDO SABINI BAUTISTA 2132 MORRILL AVE SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.399	Nonpriority creditor's name and mailing address Bellardo Sabini Bautista 2132 MORRILL AVE SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.400	Nonpriority creditor's name and mailing address BEN PEELER 6970 NORTH GREEN DRIVE SANDY SPRINGS, GA 30328 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.401	Nonpriority creditor's name and mailing address BENITA JEAN FOX 5890 ED DORI DR SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.402	Nonpriority creditor's name and mailing address Benita Jean Fox 5890 ED DORI DR SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.403	Nonpriority creditor's name and mailing address Benjamin Gerald Corpuz 385 HEIDI DRIVE MORGAN HILL, CA 95037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.404	Nonpriority creditor's name and mailing address Benjamin Hernandez 1424 SHAFFER DRIVE SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.405	Nonpriority creditor's name and mailing address BENJAMIN PAUL PRUDENCE 210 SAN ANTONIO CIR APT 132 MOUNTAIN VIEW, CA 94040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.406	Nonpriority creditor's name and mailing address Benjamin Paul Prudence 210 SAN ANTONIO CIR APT 132 MOUNTAIN VIEW, CA 94040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.407	Nonpriority creditor's name and mailing address Benjamin Richard Daly 431 IMPERIAL DR PACIFICA, CA 94044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.408	Nonpriority creditor's name and mailing address BENJAMIN ROSENBAUM 1287 PELHAM PKWY N BRONX, NY 10469 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.409	Nonpriority creditor's name and mailing address BENJAMIN RUSSELL 10114 PEARL RD PITTSBURGH, PA 15235 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.410	Nonpriority creditor's name and mailing address BENJAMIN S ROBERTS 690 15TH ST APT 405 OAKLAND, CA 94612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.411	Nonpriority creditor's name and mailing address Benjamin S Roberts 690 15TH ST APT 405 OAKLAND, CA 94612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.412	Nonpriority creditor's name and mailing address Benjamin Tran Quoc Tran 3327 Cannongate Ct San Jose, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.413	Nonpriority creditor's name and mailing address BENJAMIN TURNER 210 HUNTERS TRACE LANE SANDY SPRINGS, GA 30328 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.414	Nonpriority creditor's name and mailing address BENJI ESTEBAN JACINTO 2319 ZOE AVE HUNTINGTON PARK, CA 90255 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.415	Nonpriority creditor's name and mailing address Benji Esteban Jacinto 2319 ZOE AVE HUNTINGTON PARK, CA 90255 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.416	Nonpriority creditor's name and mailing address Bennie Smith 1735 MCKEE RD #12 SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.417	Nonpriority creditor's name and mailing address Benton Chen 553 WINCHESTER ST DALY CITY, CA 94014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.418	Nonpriority creditor's name and mailing address BENYAM BERHANE KIDANE 3250 RED CEDAR TERRACE FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Name	Case number (if known)	17-52865
3.419	Nonpriority creditor's name and mailing address Benyam Berhane Kidane 3250 RED CEDAR TERRACE FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.420	Nonpriority creditor's name and mailing address BERAN CHAMBERS 115-11 230 STREET CAMBRIA HEIGHTS, NY 11411 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.421	Nonpriority creditor's name and mailing address Berlin Calderon 1954 Ninfatino st. Stockton, CA 95206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.422	Nonpriority creditor's name and mailing address BERNADETTE MEND MANALO 8 SANTA BARBARA AVE SAN FRANCISCO, CA 94112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.423	Nonpriority creditor's name and mailing address Bernadette Mendoza Manalo 8 SANTA BARBARA AVE SAN FRANCISCO, CA 94112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.424	Nonpriority creditor's name and mailing address BERNARD JAVIER TAYAG 757 PETTIS AVENUE MOUNTAIN VIEW, CA 94041 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.425	Nonpriority creditor's name and mailing address Bernard Javier Tayag 757 PETTIS AVENUE MOUNTAIN VIEW, CA 94041 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Name	Case number (if known)	17-52865
3.426	Nonpriority creditor's name and mailing address Bernardino Ramirez 1043 S FRESNO ST LOS ANGELES, CA 90023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.427	Nonpriority creditor's name and mailing address Bernardo Butler 15934 HESPERIAN BLVD APT 236 SAN LORENZO, CA 94580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.428	Nonpriority creditor's name and mailing address Bernardo Guzman Zaragoza 2016 DALY ST APT#303 LOS ANGELES, CA 90031 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.429	Nonpriority creditor's name and mailing address Berthamalia Carmen Reyes 1308 HAWES ST SAN FRANCISCO, CA 94124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.430	Nonpriority creditor's name and mailing address Bertila Del Carmen Arevalo 1012 EAST FAIRVIEW BLVD INGLEWOOD, CA 90302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.431	Nonpriority creditor's name and mailing address Best Courier PO Box 30251 Gahanna, OH 43230 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,108.68
3.432	Nonpriority creditor's name and mailing address Bethelhem Berhane Gidey 768 DELAND AVE APT 3 SAN JOSE, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.433	Nonpriority creditor's name and mailing address Betty Wong 5686 ALLEN AVE APT 4 SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.434	Nonpriority creditor's name and mailing address Beverly Bridget Bautista Berioso 998 CRESTWOOD CT SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.435	Nonpriority creditor's name and mailing address BHAWANDEEP SINGH 4458 S 188TH PL SEATAC, WA 98188 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.436	Nonpriority creditor's name and mailing address Bi Van Nguyen 1200 RAVENSCOURT AVE SAN JOSE, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.437	Nonpriority creditor's name and mailing address BIANCA BLAIR RUFFIN 1313 PARKER ST BERKELEY, CA 94702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.438	Nonpriority creditor's name and mailing address Bianca Blair Ruffin 1313 PARKER ST BERKELEY, CA 94702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.439	Nonpriority creditor's name and mailing address Bianca Dyann Borque 13743 Cordary Ave Hawthorne, CA 90250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.440 Nonpriority creditor's name and mailing address

Bijan Francis Soroush Sepehri
503 CURTNER CT
MILPITAS, CA 95035

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.441 Nonpriority creditor's name and mailing address

Bill Jay Herman
657 CAMBRIDGE DR
SANTA CLARA, CA 95051

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.442 Nonpriority creditor's name and mailing address

BILL MCDONALD
6769 MCCORMICK WOODS DR SW
PORT ORCHARD, WA 98367

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.443 Nonpriority creditor's name and mailing address

BILLY CHAN
39 ATLAS AVE APT 10
SAN JOSE, CA 95126

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.444 Nonpriority creditor's name and mailing address

Billy Chan
39 ATLAS AVE APT 10
SAN JOSE, CA 95126

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.445 Nonpriority creditor's name and mailing address

Billy Robert Gonzales
209 E HAZEL ST
INGLEWOOD, CA 90302

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.446 Nonpriority creditor's name and mailing address

Bilma Aliaga
2534 Greenstone ct
San Jose, CA 95122

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

Debtor	Name	Case number (if known)	17-52865
3.447	Nonpriority creditor's name and mailing address Birch Connect 320 Interstate N Cir SE #300 Atlanta, GA 30339 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.448	Nonpriority creditor's name and mailing address Blaise Enonchong 2108 SCENIC AVE MARTINEZ, CA 94553 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.449	Nonpriority creditor's name and mailing address BLAISE NGOC HOANG 3059 WETMORE DR SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.450	Nonpriority creditor's name and mailing address Blaise Ngoc Hoang 3059 WETMORE DR SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.451	Nonpriority creditor's name and mailing address Blanca De Jesus Merlos Salgado 16700 LOS BANOS ST SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.452	Nonpriority creditor's name and mailing address BLANCA DE JESUS SALGADO 16700 LOS BANOS ST SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.453	Nonpriority creditor's name and mailing address Blaze Logistics LLC PO Box 23165 Harahan, LA 70183 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$701.96

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3.454	Nonpriority creditor's name and mailing address Blue Marble Logistics LLC 800 King Street Wilmington, DE 19801 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$86.96
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3.455	Nonpriority creditor's name and mailing address Blue Sky Courier 830 S Bellevue Blvd Memphis, TN 38104-4646 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,227.20
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3.456	Nonpriority creditor's name and mailing address Bob Rocco Enterprises Inc 5901 Benjamin Center Drive Ste 105 Tampa, FL 33634 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,734.60
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3.457	Nonpriority creditor's name and mailing address Bobby David Santa Ana-Fernandez 4032 PRUNETREE LN SAN JOSE, CA 95121 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.458	Nonpriority creditor's name and mailing address Boonsom Ruenhunsu 1124 DELNA MANOR LN APT 1 SAN JOSE, CA 95128 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.459	Nonpriority creditor's name and mailing address Brad Otis Hillinger 28631 SLOAN CANYON RD CASTAIC, CA 91384 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.460	Nonpriority creditor's name and mailing address Bradfield Thompson 63 BOVET RD #416 SAN MATEO, CA 94402 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc.		Case number (if known)	17-52865
Name				
3.461	Nonpriority creditor's name and mailing address Braeanna Laprice Taylor 2763 76TH AVE OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	
3.462	Nonpriority creditor's name and mailing address BRANDEN TEMPLE 888 KINCAID AVE APT 3 INGLEWOOD, CA 90302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	
3.463	Nonpriority creditor's name and mailing address Branden Temple 888 KINCAID AVE APT 3 INGLEWOOD, CA 90302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	
3.464	Nonpriority creditor's name and mailing address Brandom Rakim Archer 12010 S VERMONT AVE #207 LOS ANGELES, CA 90044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	
3.465	Nonpriority creditor's name and mailing address BRANDON A BENTON 3101 FOSTER AVE 4B BROOKLYN, NY 11210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	
3.466	Nonpriority creditor's name and mailing address Brandon Alan Smith 133 BERKELEY WAY SAN FRANCISCO, CA 94131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	
3.467	Nonpriority creditor's name and mailing address BRANDON CONN 1226 MELROSE FOREST LN SE LAWRENCEVILLE, GA 30045 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00	

Debtor	Name	Case number (if known)	17-52865
3.468	Nonpriority creditor's name and mailing address BRANDON E BRADFORD 2305 HAUSER BLVD LOS ANGELES, CA 90016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.469	Nonpriority creditor's name and mailing address Brandon E Bradford 2305 HAUSER BLVD LOS ANGELES, CA 90016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.470	Nonpriority creditor's name and mailing address Brandon Gong Chinh 49043 FEATHER GRASS TERRACE FREMONT, CA 94539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.471	Nonpriority creditor's name and mailing address BRANDON JAMAL GRIFFITH 2600 SAN LEANDRO BLVD APT 506 SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.472	Nonpriority creditor's name and mailing address Brandon Jamal Griffith 2600 SAN LEANDRO BLVD APT 506 SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.473	Nonpriority creditor's name and mailing address Brandon Jamall Mobley 1111 W 51ST LOS ANGELES, CA 90037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.474	Nonpriority creditor's name and mailing address BRANDON LEMAR THOMPSON 2143 MITCHELL ST OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.475	Nonpriority creditor's name and mailing address Brandon Lemar Thompson 2143 MITCHELL ST OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.476	Nonpriority creditor's name and mailing address Brandon Michael Brierley 961 WAINWRIGHT DR SAN JOSE, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.477	Nonpriority creditor's name and mailing address Brandon Mills 190 Starling Way Hurcules, CA 94547 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.478	Nonpriority creditor's name and mailing address Brandon Mister 255 WEST 5TH ST 521 SAN PEDRO, CA 90731 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.479	Nonpriority creditor's name and mailing address BRANDON NOHE 506 NORDEN DRIVE WEST MIFFLIN, PA 15122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.480	Nonpriority creditor's name and mailing address Brandon Oliver Moore 11936 BLOOMINGTON WAY DUBLIN, CA 94568 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.481	Nonpriority creditor's name and mailing address Brandon Rong Bin Huang 170 HALE ST SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.482	Nonpriority creditor's name and mailing address BRANDON SCOTT ROSS 47623 ZUNIC DR FREMONT, CA 94539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.483	Nonpriority creditor's name and mailing address Brandon Scott Ross 47623 ZUNIC DR FREMONT, CA 94539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.484	Nonpriority creditor's name and mailing address BRANDON SHA RON HAYES-MOORE 14670 CYPRESS ST SAN LEANDRO, CA 94579 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.485	Nonpriority creditor's name and mailing address Brandon Sha Ron Hayes-Moore 14670 CYPRESS ST SAN LEANDRO, CA 94579 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.486	Nonpriority creditor's name and mailing address BRANDON SMITH 487 HARMAN ST 2R BROOKLYN, NY 11237 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.487	Nonpriority creditor's name and mailing address BRANDON SWAN 7510 S HALLDALE AVE LOS ANGELES, CA 90047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.488	Nonpriority creditor's name and mailing address Brandon Swan 7510 S HALLDALE AVE LOS ANGELES, CA 90047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.489 Nonpriority creditor's name and mailing address

BRANDON TERREL MATTHEWS
529 E QUEEN ST APT 2
INGLEWOOD, CA 90301

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.490 Nonpriority creditor's name and mailing address

Brandon Terrel Matthews
529 E QUEEN ST APT 2
INGLEWOOD, CA 90301

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.491 Nonpriority creditor's name and mailing address

BRANDON TRAMAIN SMITH
6401 SHELLMOUND ST APT 6118
EMERYVILLE, CA 94608

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.492 Nonpriority creditor's name and mailing address

Brandon Tramain Smith
6401 SHELLMOUND ST APT 6118
EMERYVILLE, CA 94608

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.493 Nonpriority creditor's name and mailing address

Brandon Tramaine Smith
6401 SHELLMOUND ST APT 6118
EMERYVILLE, CA 94608

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.494 Nonpriority creditor's name and mailing address

Brandy Brashawn Whittle-Johnson
4803 CASTILLA AVE
RICHMOND, CA 94804

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.495 Nonpriority creditor's name and mailing address

Brant Creamer
707 LAKEFAIR DR
SUNNYVALE, CA 94089

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.496	Nonpriority creditor's name and mailing address BRAXTON JAMES BLAMER 135 S CLAREMONT AVE SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.497	Nonpriority creditor's name and mailing address Braxton James Blamer 135 S CLAREMONT AVE SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.498	Nonpriority creditor's name and mailing address BRCP San Leandro Industrial, LLC Attn Access Manager PO Box 515056 Los Angeles, CA 90051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,800.00
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3.499	Nonpriority creditor's name and mailing address Breakaway Courier Systems 444 W 36th Street New York, NY 10018-6344 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,065.92
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3.500	Nonpriority creditor's name and mailing address Bree Carl Micah Norman 11606 CHERRY AVE INGLEWOOD, CA 90303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.501	Nonpriority creditor's name and mailing address Breida Christina Monge Arizaga 1990 LATHAM ST #23 MOUNTAINVIEW, CA 94040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.502	Nonpriority creditor's name and mailing address BRENDAN MILLS FALLON 575 E DUANE AVE SUNNYVALE, CA 94085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Name	Case number (if known)	17-52865
3.503	Nonpriority creditor's name and mailing address Brendan Mills Fallon 575 E DUANE AVE SUNNYVALE, CA 94085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.504	Nonpriority creditor's name and mailing address BRENDEN DEVON HAROLD 5210 ROUNDUP WAY ANTIOCH, CA 94531 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.505	Nonpriority creditor's name and mailing address Brenden Devon Harold 5210 ROUNDUP WAY ANTIOCH, CA 94531 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.506	Nonpriority creditor's name and mailing address Brenna Renee Pratt 160 KIELY BLVD #C SANTA CLARA, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.507	Nonpriority creditor's name and mailing address BRENNON SHANARD HAWKINS 2776 JO ANN DR RICHMOND, CA 94806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.508	Nonpriority creditor's name and mailing address Brennon Shanard Hawkins 2776 JO ANN DR RICHMOND, CA 94806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.509	Nonpriority creditor's name and mailing address BRENT CORNEL WILKERSON 740 E ADAMS BLVD LOS ANGELES, CA 90011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.510	Nonpriority creditor's name and mailing address Brent Cornel Wilkerson 740 E ADAMS BLVD LOS ANGELES, CA 90011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.511	Nonpriority creditor's name and mailing address Breonna Brejae Alexander 6342 JOAQUIN MURIETA APT #J NEWARK, CA 94560 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.512	Nonpriority creditor's name and mailing address BRETT ANDREW PELLEMEIER 462 CLIFTON AVE SAN JOSE, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.513	Nonpriority creditor's name and mailing address Brett Andrew Pellemeier 462 CLIFTON AVE SAN JOSE, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.514	Nonpriority creditor's name and mailing address Brett Carl Lueckfeld 140 LOCKSUNART WAY APT 4 SUNNYVALE, CA 94087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.515	Nonpriority creditor's name and mailing address Briahna Unique Lomax 7911 BANCROFT AVE APT 306 OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.516	Nonpriority creditor's name and mailing address Brian Charles Cali 820 QUINCE AVE APT 3 SANTA CLARA, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.517	Nonpriority creditor's name and mailing address Brian Edwin Blanco 950 PINE ST APT# 307 SAN FRANCISCO, CA 94108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.518	Nonpriority creditor's name and mailing address Brian Hooker Romero 1675 CLOVIS AVE SAN JOSE, CA 95124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.519	Nonpriority creditor's name and mailing address Brian James Keith 630 SAN ANTONIO RD APT 203 PALO ALTO, CA 94306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.520	Nonpriority creditor's name and mailing address Brian Jeffery Hagen 843 IRIS AVE SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.521	Nonpriority creditor's name and mailing address Brian John Gerales 133 E 35TH ST LONG BEACH, CA 90807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.522	Nonpriority creditor's name and mailing address Brian John Mcgoldrick 1539 ALISAL AVE SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.523	Nonpriority creditor's name and mailing address BRIAN JONES 307 NORTH AVE PITTSBURGH, PA 15112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.524	Nonpriority creditor's name and mailing address Brian Keith Barnes 346 105TH AVE APT I OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.525	Nonpriority creditor's name and mailing address BRIAN KEITH MULVEY 3713 BRIGHTON RD PITTSBURGH, PA 15212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.526	Nonpriority creditor's name and mailing address BRIAN LOUIS ACKERMAN 174 CARROLL ST APT 340 SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.527	Nonpriority creditor's name and mailing address Brian Louis Ackerman 174 CARROLL ST APT 340 SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.528	Nonpriority creditor's name and mailing address BRIAN NGUNYI 8401 RANIER PL S APT 7 SEATTLE, WA 98118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.529	Nonpriority creditor's name and mailing address Brian Nguyen 596 LA CONNER DR APT 14 SUNNYVALE, CA 94087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.530	Nonpriority creditor's name and mailing address Brian Rios 374 RODEO CT SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.531 Nonpriority creditor's name and mailing address

BRIAN ROBLES
859 W 81ST
LOS ANGELES, CA 90044

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.532 Nonpriority creditor's name and mailing address

Brian Robles
859 W 81ST
LOS ANGELES, CA 90044

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.533 Nonpriority creditor's name and mailing address

Brian Sanchez
807 EAST 27 STREET
LOS ANGELES, CA 90011

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.534 Nonpriority creditor's name and mailing address

BRIAN TRUONG TRAN
577 FANELLI CT
SAN JOSE, CA 95136

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.535 Nonpriority creditor's name and mailing address

Brian Truong Tran
577 FANELLI CT
SAN JOSE, CA 95136

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.536 Nonpriority creditor's name and mailing address

Briana Glenisa Spotwood
1619 Princeton Dr
San Jose, CA 95118

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.537 Nonpriority creditor's name and mailing address

BRIANNA D ASHLEY
829 E 19TH STREET APT 8
OAKLAND, CA 94606

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

Debtor	Name	Case number (if known)	17-52865
3.538	Nonpriority creditor's name and mailing address Brianna D Ashley 829 E 19TH STREET APT 8 OAKLAND, CA 94606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.539	Nonpriority creditor's name and mailing address Brianna Marissa Gonzalez 2420 PACIFIC DR APT 46 SANTA CLARA, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.540	Nonpriority creditor's name and mailing address BRICE VESTER PROCTOR 12218 BLAKLEY AVE LOS ANGELES, CA 90059 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.541	Nonpriority creditor's name and mailing address Brice Vester Proctor 12218 BLAKLEY AVE LOS ANGELES, CA 90059 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.542	Nonpriority creditor's name and mailing address BRIDGET PASTER BROWN 884 DAVIS ST APT 307 SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.543	Nonpriority creditor's name and mailing address Bridget Paster Brown 884 DAVIS ST APT 307 SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.544	Nonpriority creditor's name and mailing address Bridgett Monique Thomas 10314 S GRAMERCY PL LOS ANGELES, CA 90047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.545 Nonpriority creditor's name and mailing address

BRITTANY DEAN
3109 MRYTLE AVE
TEMPLE HILLS, MD 20748

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.546 Nonpriority creditor's name and mailing address

BRITTANY LEVIGN SPEARS
3619 SUNRISE CT
RICHMOND, CA 94806

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.547 Nonpriority creditor's name and mailing address

Brittany Levign Spears
3619 SUNRISE CT
RICHMOND, CA 94806

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.548 Nonpriority creditor's name and mailing address

BRITTANY NICOLE BROWN
4700 BLACKBURN PEAK CT
ANTIOCH, CA 94531

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.549 Nonpriority creditor's name and mailing address

Brittany Nicole Brown
4700 BLACKBURN PEAK CT
ANTIOCH, CA 94531

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.550 Nonpriority creditor's name and mailing address

BRITTANY RENEE BECKWITH
835 LAKE SHORE DRIVE
MITCHELLVILLE, MD 20721

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.551 Nonpriority creditor's name and mailing address

BRITTNEY RAYCHE PHILLIPS
300 N MARKET ST APT 1
INGLEWOOD, CA 90302

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.552 Nonpriority creditor's name and mailing address

Brittney Raychelle Phillips
300 N Market St Apt.1
INGLEWOOD, CA 90302

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.553 Nonpriority creditor's name and mailing address

Brittney Renee Green
126 MONROE DR
PALO ALTO, CA 94306

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.554 Nonpriority creditor's name and mailing address

BRITTNEY TANISH BRYAN
2295 CAPISTRANO DR
SANTA CLARA, CA 95051

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.555 Nonpriority creditor's name and mailing address

Brittney Tanisha Bryan
2295 CAPISTRANO DR
SANTA CLARA, CA 95051

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.556 Nonpriority creditor's name and mailing address

Broc Andrew Orozco
1240 N Flores St
West Hollywood, CA 90067

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.557 Nonpriority creditor's name and mailing address

BRUCE J GUILLORY
27340 TYRRELL AVE APT 16
HAYWARD, CA 94544

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.558 Nonpriority creditor's name and mailing address

Bruce J Guillory
27340 TYRRELL AVE APT 16
HAYWARD, CA 94544

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.559 Nonpriority creditor's name and mailing address

Bryan Alexander Dejan
641 PARADISE BLVD
HAYWARD, CA 94541

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.560 Nonpriority creditor's name and mailing address

BRYAN BACANI DEVICENTE
6130 MONTEREY HWY SPC 207
SAN JOSE, CA 95138

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.561 Nonpriority creditor's name and mailing address

Bryan Bacani Devicente
6130 MONTEREY HWY SPC 207
SAN JOSE, CA 95138

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.562 Nonpriority creditor's name and mailing address

Bryan Nathan Gonzalez
2322 THOMPSON PL
SANTA CLARA, CA 95050

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.563 Nonpriority creditor's name and mailing address

Bryan Onome Asagba
1501 ALMADEN EXPY 3224
SAN JOSE, CA 95125

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.564 Nonpriority creditor's name and mailing address

Bryan Roach
2131 MARLBORO CT APT 2
SAN JOSE, CA 95128

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.565 Nonpriority creditor's name and mailing address

Bryant Dewan Price
1650 PINE ST APT K4
CONCORD, CA 94520

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.566	Nonpriority creditor's name and mailing address Bryant Whitfield 827 REDONDO AVENUE UNIT 7 LONG BEACH, CA 90804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.567	Nonpriority creditor's name and mailing address Budi Hotmartua Silalahi 8048 LUBEC ST DOWNEY, CA 90240 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.568	Nonpriority creditor's name and mailing address Business Express Courier SVS PO Box 720477 Atlanta, GA 30358-2477 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,441.40
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3.569	Nonpriority creditor's name and mailing address BYRON ARTHUR ELMORE 1973 CARDIFF DR PITTSBURG, CA 94565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.570	Nonpriority creditor's name and mailing address Byron Arther Elmore 1973 CARDIFF DR PITTSBURG, CA 94565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.571	Nonpriority creditor's name and mailing address Byron Elizandro Mejia Aguilar 1287 SILVER AVE SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.572	Nonpriority creditor's name and mailing address C P Delivery LLC 3541 Kings Canyon Court Pleasanton, CA 94588 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,080.00
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Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.573	Nonpriority creditor's name and mailing address CAIRBRE A H FANSLOW 1232 SOCORRO AVE SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.574	Nonpriority creditor's name and mailing address Cairbre A H Fanslow 1232 SOCORRO AVE SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.575	Nonpriority creditor's name and mailing address CALEB BOGGS 604 CENTENNIAL ST APT 1 NEW CASTLE, PA 16101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.576	Nonpriority creditor's name and mailing address CALEB MESSELE 5090 LICK MILL BLVD APT #342 SANTA CLARA, CA 95054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.577	Nonpriority creditor's name and mailing address Caleb Messele 5090 LICK MILL BLVD APT #342 SANTA CLARA, CA 95054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.578	Nonpriority creditor's name and mailing address Callie Karina Lim 850 PROSPECT AVE OAKLAND, CA 94610 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.579	Nonpriority creditor's name and mailing address Calvin Boissiere 1123 CHULA VISTA AVE #5 BURLINGAME, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.580	Nonpriority creditor's name and mailing address CALVIN DENNIS ADAMS III 1200 DAVIS ST APT 40 SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.581	Nonpriority creditor's name and mailing address Calvin Dennis Adams III 1200 DAVIS ST APT 40 SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.582	Nonpriority creditor's name and mailing address CALVIN GANTT 1623 LAKETON RD PITTSBURGH, PA 15221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.583	Nonpriority creditor's name and mailing address CALVIN PIETER M LATOUR 369 CLUB DR SAN CARLOS, CA 94070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.584	Nonpriority creditor's name and mailing address Calvin Pieter M Latour 369 CLUB DR SAN CARLOS, CA 94070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.585	Nonpriority creditor's name and mailing address Calvin Soohoo 2558 38TH AVE SAN FRANCISCO, CA 94116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.586	Nonpriority creditor's name and mailing address CAMERON ANTHONY JACKSON 276 WOODRUFF WAY MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Name	Case number (if known)	17-52865
3.587	Nonpriority creditor's name and mailing address Cameron Anthony Jackson 276 WOODRUFF WAY MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.588	Nonpriority creditor's name and mailing address Cameron Phillip Smith 1998 Vining Dr San Leandro, CA 94579 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.589	Nonpriority creditor's name and mailing address Camila Roxana Ayala Delgado 1437 CHINOOK CT UNIT A SAN FRANCISCO, CA 94130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.590	Nonpriority creditor's name and mailing address Canieshia Lashone Kahn 251 E 105TH ST LOS ANGELES, CA 90003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.591	Nonpriority creditor's name and mailing address Capital Delivery Systems PO Box 10720 Harrisburg, PA 17105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$729.23
3.592	Nonpriority creditor's name and mailing address CAPRICIA JOHNSON 2238 S 116TH ST BURIEN, WA 98168 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.593	Nonpriority creditor's name and mailing address CAPRISHA TIERRA GREEN 442 ARCH ST SAN FRANCISCO, CA 94132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.594	Nonpriority creditor's name and mailing address Caprishia Tierra Green 442 ARCH ST SAN FRANCISCO, CA 94132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.595	Nonpriority creditor's name and mailing address CARESSA THOMPSON 1563 PACIFIC STREET BROOKLYN, NY 11213 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.596	Nonpriority creditor's name and mailing address CAREY CHUNN 5920 56TH AVE W D8 UNIVERSITY PLACE, WA 98467 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.597	Nonpriority creditor's name and mailing address CAREY EVERETTE 20149 128TH AVE SE KENT, WA 98031 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.598	Nonpriority creditor's name and mailing address CARL CHAVEZ JR 10347 HICKORY ST LOS ANGELES, CA 90002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.599	Nonpriority creditor's name and mailing address Carl Chavez Jr 10347 HICKORY ST LOS ANGELES, CA 90002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.600	Nonpriority creditor's name and mailing address CARLA BANEZA PRADO 2213 S RIDGELEY DR APT 2 LOS ANGELES, CA 90016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Name	Case number (if known)	17-52865
3.601	Nonpriority creditor's name and mailing address Carla Baneza Prado 2213 S RIDGELEY DR APT 2 LOS ANGELES, CA 90016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.602	Nonpriority creditor's name and mailing address CARLA MCCOY 2920 BRODHEAD ROAD ALIQUIPPA, PA 15001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.603	Nonpriority creditor's name and mailing address Carlito Justo Pascual Jr 1286 ORTIZ COURT SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.604	Nonpriority creditor's name and mailing address Carlo Matteucci 4560 SEQUOYAH RD OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.605	Nonpriority creditor's name and mailing address Carlos Aguiar 4060 HOOVER ST APT 203 LOS ANGELES, CA 90037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.606	Nonpriority creditor's name and mailing address CARLOS ALBERTO GARCIA 824 S ARDMORE AVE #H LOS ANGELES, CA 90005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.607	Nonpriority creditor's name and mailing address Carlos Alberto Garcia 824 S ARDMORE AVE #H LOS ANGELES, CA 90005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.608	Nonpriority creditor's name and mailing address Carlos Duran 608 VASONA STREET MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.609	Nonpriority creditor's name and mailing address Carlos Francisco Rodriguez Jr 384 HERRICK AVE SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.610	Nonpriority creditor's name and mailing address CARLOS GARCIA MORENO 7337 LONGMONT LOOP CASTRO VALLEY, CA 94552 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.611	Nonpriority creditor's name and mailing address Carlos Garcia Moreno 7337 LONGMONT LOOP CASTRO VALLEY, CA 94552 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.612	Nonpriority creditor's name and mailing address CARLOS GONZALEZ JR 847 W WHITMORE AVE MODESTO, CA 95358 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.613	Nonpriority creditor's name and mailing address Carlos Gonzalez Jr 847 W WHITMORE AVE MODESTO, CA 95358 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.614	Nonpriority creditor's name and mailing address Carlos Horacio Zavala 20 NORTHUMBERLAND AVE APT 4 REDWOOD CITY, CA 94063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.615	Nonpriority creditor's name and mailing address Carlos Macias 9144 GALLATIN ROAD DOWNEY, CA 90240 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.616	Nonpriority creditor's name and mailing address Carlos Miguel Lucido Mangundayao 1157 CALLE ORIENTE MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.617	Nonpriority creditor's name and mailing address Carlos Portillo 2519 S HARCOURT AVE LOS ANGELES, CA 90016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.618	Nonpriority creditor's name and mailing address Carmen Cecilia Swenson 2086 TINY ST MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.619	Nonpriority creditor's name and mailing address Carmine Fornaro Mail Service 18 Woodruff Rd Morristown, NJ 07960 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,687.50
3.620	Nonpriority creditor's name and mailing address CARNEKA NICOLE WASHINGTON 10946 ROBLEDO DR OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.621	Nonpriority creditor's name and mailing address Carneka Nicole Washington 10946 ROBLEDO DR OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc.	Case number (if known)	17-52865
Name			
3.622	Nonpriority creditor's name and mailing address CAROLINA MERCED HERNANDEZ 13214 CHOPIN CT SILVER SPRING, MD 20904 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.623	Nonpriority creditor's name and mailing address Caroline Monique Amaya 5875 CHARLOTTE DR APT 247 SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.624	Nonpriority creditor's name and mailing address Carolyn Jackson 4310 CAHUENGA BLVD UNIT 103 TOLUCA LAKE, CA 91602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.625	Nonpriority creditor's name and mailing address Carolyn Magalona Calabia 255 GATEWAY DRIVE PACIFICA, CA 94044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.626	Nonpriority creditor's name and mailing address Carrie Vizconde 10141 OTIS ST SOUTH GATE, CA 90280 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.627	Nonpriority creditor's name and mailing address CASANDRA AUSTIN 2620 LOMBARD AVE EVERETT, WA 98201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.628	Nonpriority creditor's name and mailing address Cassie Mae Holloway 4163 BUCKINGHAM RD APT 201-C LOS ANGELES, CA 90008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.629	Nonpriority creditor's name and mailing address Cassius M Hicks 1330 WEST H ST APT K DIXON, CA 95620 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.630	Nonpriority creditor's name and mailing address Catrina Chavez 2080 ALUM ROCK AVE #223 SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.631	Nonpriority creditor's name and mailing address CEDRICK WESLEY KENNEDY 2739 INYO AVE OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.632	Nonpriority creditor's name and mailing address Cedrick Wesley Kennedy 2739 INYO AVE OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.633	Nonpriority creditor's name and mailing address CELIA ELIZABETH PERLA MARTINEZ 1702 WEST BLVD #16 LOS ANGELES, CA 90019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.634	Nonpriority creditor's name and mailing address Celia Elizabeth Perla Martinez 1702 WEST BLVD #16 LOS ANGELES, CA 90019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.635	Nonpriority creditor's name and mailing address CELIA SCHWARZ 1734 UNION ST ALAMEDA, CA 94501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.636	Nonpriority creditor's name and mailing address Celia Schwarz 1734 UNION ST ALAMEDA, CA 94501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.637	Nonpriority creditor's name and mailing address Central Courier LLC 1957 Eastman Ave Ste c Ventura, CA 93003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$723.05
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3.638	Nonpriority creditor's name and mailing address CESAR ADRIAN SA VILLASENOR 6622 LYON WAY OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.639	Nonpriority creditor's name and mailing address Cesar Adrian Salinas Villaseñor 6622 LYON WAY OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.640	Nonpriority creditor's name and mailing address CESAR ARTURO RODRIGUEZ RAMIREZ 5467 SPINNAKER WALK WAY APT 1 SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.641	Nonpriority creditor's name and mailing address Cesar Arturo Rodriguez Ramirez 5467 SPINNAKER WALK WAY APT 1 SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.642	Nonpriority creditor's name and mailing address Cesar Calderon Armenta 1919 MANCHESTER RD APT 222 SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Name	Case number (if known)	
	A-1 Express Delivery Service, Inc.	17-52865	
3.643	Nonpriority creditor's name and mailing address Cesar D Peig 1643 VICKSBURG DR FAIRFIELD, CA 94533 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.644	Nonpriority creditor's name and mailing address CESAR MACEDO 4651 BIG VALLEY ROAD STONE MOUNTAIN, GA 30083 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.645	Nonpriority creditor's name and mailing address Cesar Octavio Diaz Cedano 700 SHERIDAN STREET VALLEJO, CA 94590 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.646	Nonpriority creditor's name and mailing address CESAR REYES-CHAVEZ 5515 LEAN AVE SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.647	Nonpriority creditor's name and mailing address Cesar Reyes-Chavez 5515 LEAN AVE SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.648	Nonpriority creditor's name and mailing address Cesar Worthington-May 101 HYDE ST SAN FRANCISCO, CA 94102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.649	Nonpriority creditor's name and mailing address CEYLON TYREE GLYMPH 900 143RD AVE APT 204 SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.650 Nonpriority creditor's name and mailing address

Ceylon Tyree Glymph
900 143RD AVE APT 204
SAN LEANDRO, CA 94578

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.651 Nonpriority creditor's name and mailing address

CHAD EDWARD RICHMOND
17206 108TH ST CT E
BONNEY LAKE, WA 98391

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.652 Nonpriority creditor's name and mailing address

CHAD FLAGG
832 S FLOWER ST
INGLEWOOD, CA 90301

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.653 Nonpriority creditor's name and mailing address

Chad Flagg
832 S FLOWER ST
INGLEWOOD, CA 90301

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.654 Nonpriority creditor's name and mailing address

Chad Lane Wical
609 CARNELIAN ST
REDONDO BEACH, CA 90277

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.655 Nonpriority creditor's name and mailing address

CHAD PHILLIP PANGORANG
3245 SHADOW PARK PL
SAN JOSE, CA 95121

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.656 Nonpriority creditor's name and mailing address

Chad Phillip Pangorang
3245 SHADOW PARK PL
SAN JOSE, CA 95121

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.657	Nonpriority creditor's name and mailing address Chandra Latrece Thomas P.O. BOX 723 UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.658	Nonpriority creditor's name and mailing address Chanrou Yath 809 E NEW YORK ST LONG BEACH, CA 90813 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.659	Nonpriority creditor's name and mailing address CHANTAL GUOBADIA 865 E 167 ST #6H BRONX, NY 10459 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.660	Nonpriority creditor's name and mailing address Chantel Bennett 1350 LEXINGTON DR APT D-20 SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.661	Nonpriority creditor's name and mailing address CHARDONNE TASCH HART 332 W 122ND ST LOS ANGELES, CA 90061 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.662	Nonpriority creditor's name and mailing address Chardonne Tasche Hart 332 W 122ND ST LOS ANGELES, CA 90061 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.663	Nonpriority creditor's name and mailing address Charlene May Avery 908 INDIAN AVE SAN MATEO, CA 94401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.664	Nonpriority creditor's name and mailing address Charlene Yvette Butler 2849 10TH ST SAN PABLO, CA 94806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.665	Nonpriority creditor's name and mailing address Charles Andres Deleon 4228 BOLINA DR UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.666	Nonpriority creditor's name and mailing address CHARLES CHAPA 1639 PARKVIEW GREEN CIR SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.667	Nonpriority creditor's name and mailing address Charles Chapa 1639 PARKVIEW GREEN CIR SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.668	Nonpriority creditor's name and mailing address Charles Chungcho Lee 972 WESTLYNN WAY APT 1 CUPERTINO, CA 95014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.669	Nonpriority creditor's name and mailing address Charles D Love 188 SUNSET BLVD APT 2 HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.670	Nonpriority creditor's name and mailing address Charles Dat Nguyen 1835 GRENADINE WAY SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Name	Case number (if known)	17-52865
3.671	Nonpriority creditor's name and mailing address Charles Edward Harris 2005 SAN JOSE DR APT E122 ANTIOCH, CA 94509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.672	Nonpriority creditor's name and mailing address Charles Emeterio Guevara 171 BRANHAM LN APT 10 - 125 SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.673	Nonpriority creditor's name and mailing address CHARLES GAGE 1343 WEBER WAY LANCASTER, CA 93535 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$0.00
3.674	Nonpriority creditor's name and mailing address Charles Gage 1343 WEBER WAY LANCASTER, CA 93535 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.675	Nonpriority creditor's name and mailing address Charles Glover 2611 YORBA LINDA BLVD #109 FULLERTON, CA 92831 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.676	Nonpriority creditor's name and mailing address Charles Holloway 2662 KIMBALL DR SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.677	Nonpriority creditor's name and mailing address Charles Lubwama 2930 Shattuck Ave Apt 200-21 Berkeley, CA 94705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Name	Case number (if known)	17-52865
3.678	Nonpriority creditor's name and mailing address CHARLES PAUL ELLIOTT 9815 REDFERN AVE INGLEWOOD, CA 90301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.679	Nonpriority creditor's name and mailing address Charles Paul Elliott 9815 REDFERN AVE INGLEWOOD, CA 90301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.680	Nonpriority creditor's name and mailing address Charles Reed 5235 RIVERSIDE AVENUE APT 1 SAN PABLO, CA 94806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.681	Nonpriority creditor's name and mailing address CHARLES TOPALIAN 3211 NW 71ST ST SEATTLE, WA 98117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.682	Nonpriority creditor's name and mailing address Charlton Fields 15506 SOUTH VERMONT AVENUE GARDENA, CA 90247 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.683	Nonpriority creditor's name and mailing address Charmaine Jayme Clemons 606 FOUNTAINHEAD DR SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.684	Nonpriority creditor's name and mailing address Chase Charles Volgenau 4976 Paseo Olivos San Jose, CA 95130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.685	Nonpriority creditor's name and mailing address Checkr 205 Mariposa Street San Francisco, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$205.00
3.686	Nonpriority creditor's name and mailing address Chenette Edwards 1321 S GRANDEE AVE COMPTON, CA 90220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.687	Nonpriority creditor's name and mailing address Cheng Hin Saechao 3242 ANNAPOLIS AVE SAN PABLO, CA 94806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.688	Nonpriority creditor's name and mailing address CHERELLE DANKINS 834 WOODWORTH ST PITTSBURGH, PA 15221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.689	Nonpriority creditor's name and mailing address CHERELLE MCBRIDE 418 17TH STREET SE 10B AUBURN, WA 98002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.690	Nonpriority creditor's name and mailing address CHERYL LORRAINE CROSBY 3312 69TH AVE OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.691	Nonpriority creditor's name and mailing address Cheryl Lorraine Crosby 3312 69TH AVE OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.692	Nonpriority creditor's name and mailing address Cheuk Yin Lee 26584 SUNVALE CT HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.693	Nonpriority creditor's name and mailing address CHIBUIKE OJEH 1025 NEVIN AVE #1183 RICHMOND, CA 94801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.694	Nonpriority creditor's name and mailing address Chibuike Oje 1025 NEVIN AVE #1183 RICHMOND, CA 94801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.695	Nonpriority creditor's name and mailing address Chicago Messenger Service 1600 S Ashland Ave Chicago, IL 60608-2013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,122.00
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3.696	Nonpriority creditor's name and mailing address CHITWAN SINGH 320 SYCAMORE HILL CT DANVILLE, CA 94526 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.697	Nonpriority creditor's name and mailing address Chitwan Singh 320 SYCAMORE HILL CT DANVILLE, CA 94526 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.698	Nonpriority creditor's name and mailing address CHOUA YANG 756 KIRKLAND AVE NE RENTON, WA 98056 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.699	Nonpriority creditor's name and mailing address CHOY WAH LOUIE 661 WILSON AVE RICHMOND, CA 94805 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.700	Nonpriority creditor's name and mailing address Choy Wah Louie 661 WILSON AVE RICHMOND, CA 94805 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.701	Nonpriority creditor's name and mailing address Chris Edward Gillooly 3956 ARDEN FARM PLACE SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.702	Nonpriority creditor's name and mailing address CHRIS FUNNELL 1415 W COSMO RD APT 113 EVERETT, WA 98204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.703	Nonpriority creditor's name and mailing address CHRIS J BONFIGLIO 8330 26TH AVE NW BALLARD, WA 98117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.704	Nonpriority creditor's name and mailing address Chris Sterling Wittington 211 NORWICH DR SOUTH SAN FRANCISCO, CA 94038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.705	Nonpriority creditor's name and mailing address Christian Bahena 3540 ROLISON RD APT 9 REDWOOD CITY, CA 94063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.706	Nonpriority creditor's name and mailing address Christian E Diaz Cruz 2601 NUESTRA CASTILLO CT APT 1307 SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.707	Nonpriority creditor's name and mailing address CHRISTIAN I MARTIN SALCEDO 33738 11TH STREET UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.708	Nonpriority creditor's name and mailing address Christian I Martin Salcedo 33738 11TH STREET UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.709	Nonpriority creditor's name and mailing address CHRISTIAN JAMAA COOPER 15357 CHURCHILL ST SAN LEANDRO, CA 94579 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.710	Nonpriority creditor's name and mailing address Christian Jamaa Cooper 15357 CHURCHILL ST SAN LEANDRO, CA 94579 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.711	Nonpriority creditor's name and mailing address Christian Josue Rodriguez 11719 1/2 ALLIN ST APT 486 CULVER CITY, CA 90230 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.712	Nonpriority creditor's name and mailing address CHRISTIAN PARKER 4740 51ST AVE SW SEATTLE, WA 98116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Name	Case number (if known)	17-52865
3.713	Nonpriority creditor's name and mailing address Christian Thomas Llanos 639 W COLDEN AVE LOS ANGELES, CA 90044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.714	Nonpriority creditor's name and mailing address CHRISTIAN V LEMI 1236 AVON AVE SAN LEANDRO, CA 94579 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.715	Nonpriority creditor's name and mailing address Christian V Lemi 1236 AVON AVE SAN LEANDRO, CA 94579 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.716	Nonpriority creditor's name and mailing address Christina Glory Johnson PO BOX 455 DALY CITY, CA 94014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.717	Nonpriority creditor's name and mailing address CHRISTOPHER ALA JUNGLING 239 ANGELS BAY CT POINT RICHMOND, CA 94801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.718	Nonpriority creditor's name and mailing address Christopher Alan Jungling 239 ANGELS BAY CT POINT RICHMOND, CA 94801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.719	Nonpriority creditor's name and mailing address CHRISTOPHER ALL CALDWELL 1236 PEACH CT SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Name	Case number (if known)	17-52865
3.720	Nonpriority creditor's name and mailing address Christopher Allan Caldwell 1236 PEACH CT SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.721	Nonpriority creditor's name and mailing address Christopher Aneal Iwuoma 125 PATTERSON ST APT 337 SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.722	Nonpriority creditor's name and mailing address CHRISTOPHER BRY CHAN 1241 VISTA GLEN DR SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.723	Nonpriority creditor's name and mailing address Christopher Bryan Chan 1241 VISTA GLEN DR SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.724	Nonpriority creditor's name and mailing address CHRISTOPHER DAN JONES 5697 HOLLYLEAF LANE SAN JOSE, CA 95118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.725	Nonpriority creditor's name and mailing address Christopher Dan Jones 5697 HOLLYLEAF LANE SAN JOSE, CA 95118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.726	Nonpriority creditor's name and mailing address Christopher Dandan Ongaco 2308 Fashion Ave. Long Beach, CA 90810 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.727	Nonpriority creditor's name and mailing address Christopher Daniel Jones 5697 HOLLYLEAF LANE SAN JOSE, CA 95118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.728	Nonpriority creditor's name and mailing address Christopher David Gonzalez 3592 WESLEY ST APT B CULVER CITY, CA 90232 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.729	Nonpriority creditor's name and mailing address CHRISTOPHER ESKRIDGE 202 WEST 70 ST APT 9 LOS ANGELES, CA 90003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.730	Nonpriority creditor's name and mailing address Christopher Eskridge 202 WEST 70 ST APT 9 LOS ANGELES, CA 90003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.731	Nonpriority creditor's name and mailing address CHRISTOPHER F CIRAULO 464 LILY ANN WAY SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.732	Nonpriority creditor's name and mailing address Christopher F Ciraulo 464 LILY ANN WAY SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.733	Nonpriority creditor's name and mailing address Christopher Flores 124 N B STREET TUSTIN, CA 92780 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.734	Nonpriority creditor's name and mailing address CHRISTOPHER G JOHNSON 560 S 14TH ST SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.735	Nonpriority creditor's name and mailing address Christopher G Johnson 560 S 14TH ST SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.736	Nonpriority creditor's name and mailing address Christopher Hoke 2818 MONTE CRESTA WAY SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.737	Nonpriority creditor's name and mailing address CHRISTOPHER J GAUGHAN 4846 CRESTONE NEEDLE WAY ANTIOCH, CA 94531 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.738	Nonpriority creditor's name and mailing address Christopher J Gaughan 4846 CRESTONE NEEDLE WAY ANTIOCH, CA 94531 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.739	Nonpriority creditor's name and mailing address Christopher J Tindsley 8491 GOLF LINKS RD OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.740	Nonpriority creditor's name and mailing address CHRISTOPHER J WEBB 2275 D ST HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Name	Case number (if known)	17-52865
3.741	Nonpriority creditor's name and mailing address Christopher J Webb 2275 D ST HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.742	Nonpriority creditor's name and mailing address Christopher Jam Sandow 2380 ST AUGUSTINE DR BRENTWOOD, CA 94513 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.743	Nonpriority creditor's name and mailing address Christopher James Alton 2483 ANNA DR UNIT C SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.744	Nonpriority creditor's name and mailing address Christopher Lamont Williams 138 W 127 ST LOS ANGELES, CA 90061 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$0.00
3.745	Nonpriority creditor's name and mailing address Christopher Mark Norris 890 W 15TH ST APT 113 NEWPORT BEACH, CA 92663 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.746	Nonpriority creditor's name and mailing address Christopher Michael Jordan 752 SOUTH MAIN STREET APT 424 LOS ANGELES, CA 90014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.747	Nonpriority creditor's name and mailing address Christopher Michael Kulow 3255 Sawtelle Blvd. #104 Los Angeles, CA 90066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Name	Case number (if known)	17-52865
3.748	Nonpriority creditor's name and mailing address Christopher Mitchell Lewis 1528 DWIGHT AVE BERKELEY, CA 94703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.749	Nonpriority creditor's name and mailing address CHRISTOPHER NICOLAS DE LA ROSA 772 SAINT NICOLAS PLACE 28 NEW YORK, NY 10031 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.750	Nonpriority creditor's name and mailing address CHRISTOPHER PLASENCIA 1287 EDWARD L GRANT HWY BRONX, NY 10452 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.751	Nonpriority creditor's name and mailing address Christopher Pontod 760 N 7st St 4109 San Jose, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.752	Nonpriority creditor's name and mailing address CHRISTOPHER RAN BERKLEY 271 EL PORTAL WAY SAN JOSE, CA 96119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.753	Nonpriority creditor's name and mailing address Christopher Randall Berkley 271 EL PORTAL WAY SAN JOSE, CA 96119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.754	Nonpriority creditor's name and mailing address Christopher Robert Hohmann 944 CLOVER DR SANTA ROSA, CA 95401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Name	Case number (if known)	
	A-1 Express Delivery Service, Inc.	17-52865	
3.755	Nonpriority creditor's name and mailing address CHRISTOPHER S SHEA 1665 DOLORES DRIVE SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.756	Nonpriority creditor's name and mailing address Christopher Steve Marroquin Oviedo 5805 HAROLD WAY #7 LOS ANGELES, CA 90028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.757	Nonpriority creditor's name and mailing address Christopher Thinh Ngo 1860 N PARK VICTORIA DR MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.758	Nonpriority creditor's name and mailing address Christopher Vi Tran 5579 LEAN AVE SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.759	Nonpriority creditor's name and mailing address CHRISTOPHER YOUNG 1065 CONTRA COSTA DR EL CERRITO, CA 94530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.760	Nonpriority creditor's name and mailing address Christopher Young 1065 CONTRA COSTA DR EL CERRITO, CA 94530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.761	Nonpriority creditor's name and mailing address Christy Alexandra Arsky 225 N CLARK AVE LOS ALTOS, CA 94022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Name	Case number (if known)	17-52865
3.762	Nonpriority creditor's name and mailing address CHUKWUNONYELUM AKALI 140 CROCKER DRIVE APT K209 SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.763	Nonpriority creditor's name and mailing address Chukwunonyelum Jude Akali 140 CROCKER DRIVE APT K209 SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.764	Nonpriority creditor's name and mailing address Chun Ho Cheung 34776 PLATT RIVER PL FREMONT, CA 94555 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.765	Nonpriority creditor's name and mailing address CHUONG HOANG PHAM 3620 MECHALYS WAY MODESTO, CA 95357 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.766	Nonpriority creditor's name and mailing address Chuong Hoang Pham 3620 MECHALYS WAY MODESTO, CA 95357 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.767	Nonpriority creditor's name and mailing address Chynna Alexandra Smith 9500 ZELZAH AVE APT M230 NORTHRIDGE, CA 91325 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.768	Nonpriority creditor's name and mailing address Cigna 900 Cottage Grove Road Bloomfield, CT 06002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Name	Case number (if known)	17-52865
3.769	Nonpriority creditor's name and mailing address CINTHIA DE DOMI RAMOS 9226 BANCROFT AVE APT D OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.770	Nonpriority creditor's name and mailing address Cinthia De Domilica Ramos 9226 BANCROFT AVE APT D OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.771	Nonpriority creditor's name and mailing address CIT Attn: Customer Service PO Box 550599 Jacksonville, FL 32255-0599 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,957.43
3.772	Nonpriority creditor's name and mailing address Citlalic Rodriguez 9701 C ST OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.773	Nonpriority creditor's name and mailing address City of Hermosa Beach Parking Violations 1315 Valley Drive Hermosa Beach, CA 90254 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38.00
3.774	Nonpriority creditor's name and mailing address City of Inglewood PO BOX 30878 Los Angeles, CA 90030-0878 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$412.58
3.775	Nonpriority creditor's name and mailing address City Sprint Delivery (OR) 8812 NE Alderwood Rd Portland, OR 97220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195.00

Debtor Name	Case number (if known)	17-52865
A-1 Express Delivery Service, Inc. Name 3.776 Nonpriority creditor's name and mailing address CitySprint 5555 W 78th Street Ste D Edina, MN 55439 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,371.29
3.777 Nonpriority creditor's name and mailing address CLARENCE WHITING 28904 19TH AVE S FEDERAL WAY, WA 98003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.778 Nonpriority creditor's name and mailing address Claro Nguyen Saba 1147 87TH STREET DALY CITY, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.779 Nonpriority creditor's name and mailing address Claude Anthony Barker Sr. 1236 PEACH CT SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.780 Nonpriority creditor's name and mailing address Claudia Garcia Vargas 3832 WEST 113TH STREET INGLEWOOD, CA 90303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.781 Nonpriority creditor's name and mailing address CLAUDIA LAUFFER 909 COMET DR WEST NEWTON, PA 15089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.782 Nonpriority creditor's name and mailing address Claudia Mae Gates 1232 cypress st East Palo Alto, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Name	Case number (if known)	17-52865
3.783	Nonpriority creditor's name and mailing address CLAUDIA NATHALI GARCIA 3708 CARDIFF AVE LOS ANGELES, CA 90034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.784	Nonpriority creditor's name and mailing address Claudia Nathalie Garcia 3708 CARDIFF AVE LOS ANGELES, CA 90034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.785	Nonpriority creditor's name and mailing address ClaudioMiro Dos Santos 1600 E 3RD AVE APT 2104 SAN MATEO, CA 94401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.786	Nonpriority creditor's name and mailing address CLAYTON AGUEL MAGSANAY 3365 SUTTON LOOP FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.787	Nonpriority creditor's name and mailing address Clayton Aguel Magsanay 3365 SUTTON LOOP FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.788	Nonpriority creditor's name and mailing address Clayton Tran 4633 MIA CIRCLE SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.789	Nonpriority creditor's name and mailing address CLEMENT JOSEPH CARRIG 391 S PASTORIA AVE SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Name	Case number (if known)	17-52865
3.790	Nonpriority creditor's name and mailing address Clement Joseph Carrig 391 S PASTORIA AVE SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.791	Nonpriority creditor's name and mailing address Clementine Johnson Jones PO BOX 51439 PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.792	Nonpriority creditor's name and mailing address Clelavel Barnes Jr 6401 SHELLMOUND STREET 7109 EMERYVILLE, CA 94608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.793	Nonpriority creditor's name and mailing address CLIFFARD O SATTERWHITE 4703 309TH ST AUBURN, WA 98001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.794	Nonpriority creditor's name and mailing address Clifford Dione Roberson 4310 MLK JR BLVD Apt D LYNWOOD, CA 90262 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.795	Nonpriority creditor's name and mailing address Clifford Tayon Grant 2162 MARKET ST APT 103 SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.796	Nonpriority creditor's name and mailing address CLINT SYLVESTER 1722 RALPH AVENUE APT 6E BROOKLYN, NY 11236 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Name	Case number (if known)	
	A-1 Express Delivery Service, Inc.	17-52865	
3.797	Nonpriority creditor's name and mailing address Clinton Matthew Ingalls 3673 REMUDA WY PINOLE, CA 94564 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.798	Nonpriority creditor's name and mailing address CLIVE CHIN-HOW 4224 193 STREET FLUSHING FLUSHING, NY 11358 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.799	Nonpriority creditor's name and mailing address Clockwork Logistics Inc 4765 E 131st Street Cleveland, OH 44105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,800.00
3.800	Nonpriority creditor's name and mailing address CLOTEE RENE JOHNSON 579 EL PASEO DR OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.801	Nonpriority creditor's name and mailing address Clotee Rene Johnson 579 EL PASEO DR OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.802	Nonpriority creditor's name and mailing address Cody Allen Stevens 15200 MONTEREY RD #165 MORGAN HILL, CA 95037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.803	Nonpriority creditor's name and mailing address Cody Christopher Brajevich 3737 CASA VERDE ST APT 148 SAN JOSE, CA 95134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Name	Case number (if known)	17-52865
3.804	Nonpriority creditor's name and mailing address Cody Paul Stephens 654 S 16TH ST SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.805	Nonpriority creditor's name and mailing address CODY PHILIP CAMPBELL 568 EMERSON STREET FREMONT, CA 94539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.806	Nonpriority creditor's name and mailing address Cody Philip Campbell 568 EMERSON STREET FREMONT, CA 94539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.807	Nonpriority creditor's name and mailing address CODY SCOTT 17103 SE 144TH ST C RENTON, WA 98059 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.808	Nonpriority creditor's name and mailing address COLE CREVELING P.O. BOX 986 ISSAQUAH, WA 98027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.809	Nonpriority creditor's name and mailing address COLIN SEBASTIAN DUKE 1034 MARIANAS LANE ALAMEDA, CA 94502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.810	Nonpriority creditor's name and mailing address Colin Sebastian Duke 1034 MARIANAS LANE ALAMEDA, CA 94502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Name	Case number (if known)	17-52865
3.811	Nonpriority creditor's name and mailing address Collin Jeffrey Hahn 2155 LANAI AVE APT 4 SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.812	Nonpriority creditor's name and mailing address Colman Ga-ming Chow 512 HANOVER ST DALY CITY, CA 94014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.813	Nonpriority creditor's name and mailing address Comcast PO Box 530098 Atlanta, GA 30353-0098 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$579.06
3.814	Nonpriority creditor's name and mailing address Comcast-Seattle WA PO Box 34744 Seattle, WA 98124-1744 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$144.85
3.815	Nonpriority creditor's name and mailing address Competitive Courier Service 1055 Commerce Ave Union, NJ 07083 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,579.50
3.816	Nonpriority creditor's name and mailing address Continental Courier Solutions 11697 W Grand Ave Northlake, IL 60164-1302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,270.00
3.817	Nonpriority creditor's name and mailing address CORA LEE COATS 1277 100TH AVE OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.818	Nonpriority creditor's name and mailing address Cora Lee Coats 1277 100TH AVE OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.819	Nonpriority creditor's name and mailing address Corazon Balmaceda Bonifacio 300 EL CORTEZ AVE S SAN FRANCISCO, CA 94080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.820	Nonpriority creditor's name and mailing address COREY ALEXANDER GONZALES MABUTAS 1545 SHUMAKER WAY SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.821	Nonpriority creditor's name and mailing address Corey Alexander Gonzales Mabutas 1545 SHUMAKER WAY SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.822	Nonpriority creditor's name and mailing address Corey Curtis Cotman 73 ALAMITOS AVE APT 7 LONG BEACH, CA 90802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.823	Nonpriority creditor's name and mailing address CORI HOLINESS 3848 MILL GLEN DRIVE DOUGLASVILLE, GA 30135 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.824	Nonpriority creditor's name and mailing address CORNELL WHITEN 1251 S 134TH ST BURIEN, WA 98168 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Name	Case number (if known)	17-52865
3.825	Nonpriority creditor's name and mailing address Cornerstone Cookie 330 Franklin Rd Ste A Marietta, GA 30067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.11
3.826	Nonpriority creditor's name and mailing address Cory Leven Broussard 134 E 84TH PLACE LOS ANGELES, CA 90003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.827	Nonpriority creditor's name and mailing address CORY MASTALSKI 44 WALDORF ST PITTSBURGH, PA 15214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.828	Nonpriority creditor's name and mailing address Cory Wayne Furse 777 BLUE SAGE DR SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.829	Nonpriority creditor's name and mailing address Courier Depot PO Box 93097 Austin, TX 78709-3097 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$945.15
3.830	Nonpriority creditor's name and mailing address Courier Express PO Box 6877 Marietta, GA 30065-0877 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$275.13
3.831	Nonpriority creditor's name and mailing address Courier Systems PO Box 2707 Pismo Beach, CA 93448 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$820.00

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3.832	Nonpriority creditor's name and mailing address Cova DBA Central Delivery Serv 7801 N Shepherd Dr Ste #107 Houston, TX 77088 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,553.40
3.833	Nonpriority creditor's name and mailing address Cox Communication PO Box 53280 Phoenix, AZ 85072-3280 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$730.00
3.834	Nonpriority creditor's name and mailing address Craig Steven McCoy 3553 ATLANTIC AVE. STE.1321 LONG BEACH, CA 90807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.835	Nonpriority creditor's name and mailing address Crisolo Ursonal Pantonial 660 sylvan st. Daly City, CA 94014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.836	Nonpriority creditor's name and mailing address Cristal Marquez 5356 W 99TH PL 6 LOS ANGELES, CA 90045 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.837	Nonpriority creditor's name and mailing address Cristian Lopez Tapia 419 CEDAR ST APT 3 REDWOOD CITY, CA 94063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.838	Nonpriority creditor's name and mailing address Cristopher Anthony Lerma 768 MELANNIE CT SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.839	Nonpriority creditor's name and mailing address Crossroads Courier Inc. 4348 Green Ash Drive Earth City, MO 98057 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,066.37
3.840	Nonpriority creditor's name and mailing address Crosstown Courier Inc 1450 Gould Blvd La Vergne, TN 37086-3513 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,547.00
3.841	Nonpriority creditor's name and mailing address CRYSTAL HOMAYUN 5829 KYLER LANE SAN RAMON, CA 94582 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.842	Nonpriority creditor's name and mailing address Crystal Homayun 5829 KYLER LANE SAN RAMON, CA 94582 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.843	Nonpriority creditor's name and mailing address Crystal Marie Alexandra Smith 2836 68TH AVE OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.844	Nonpriority creditor's name and mailing address CS Logistics Inc 11001 W Mitchell Street Milwaukee, WI 53214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,267.70
3.845	Nonpriority creditor's name and mailing address CUONG Q LIEU 3156 KAMILLE CT SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.846	Nonpriority creditor's name and mailing address Cuong Q Lieu 3156 KAMILLE CT SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.847	Nonpriority creditor's name and mailing address Cuong Van Phan 1576 FROST DR SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.848	Nonpriority creditor's name and mailing address CURTIS WASHINGTON 912 FREY RD PITTSBURGH, PA 15235 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.849	Nonpriority creditor's name and mailing address CYNTHIA ANTHONY 512 FLORENCE AVE PITTSBURGH, PA 15202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.850	Nonpriority creditor's name and mailing address Cynthia Jo Smith 423 N 2ND ST APT 138 SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.851	Nonpriority creditor's name and mailing address Cypress Street LLC 545 Cypress Street Hermosa Beach, CA 90254 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.852	Nonpriority creditor's name and mailing address Daene Renee Burns 1683 S LONGWOOD AVE APT 6 LOS ANGELES, CA 90019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.853	Nonpriority creditor's name and mailing address DAHIR ABDULLAHI 3815 S OTHELLO ST 100-127 SEATTLE, WA 98118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.854	Nonpriority creditor's name and mailing address DAHIR D ELMI 6510 30TH AVE SW SEATTLE, WA 98126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.855	Nonpriority creditor's name and mailing address DAHIR HAJI-YUSUF 412 NOVAK LN E106 KENT, WA 98032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.856	Nonpriority creditor's name and mailing address DAISY MENDOZA 486 N. 14TH ST SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.857	Nonpriority creditor's name and mailing address Daisy Mendoza 486 N. 14TH ST SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.858	Nonpriority creditor's name and mailing address Daisy Vivanco David 748 VENICE WAY INGLEWOOD, CA 90302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.859	Nonpriority creditor's name and mailing address DALE ERIC DEWITT 101 W WEDDELL DR APT 129 SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.860	Nonpriority creditor's name and mailing address Dale Eric Dewitt 101 W WEDDELL DR APT 129 SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.861	Nonpriority creditor's name and mailing address DALE JOHN BILOG 472 CURTNER DRIVE MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.862	Nonpriority creditor's name and mailing address Dale John Bilog 472 CURTNER DRIVE MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.863	Nonpriority creditor's name and mailing address DALE LEE BAXLEY 629 TAMARACK DR UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.864	Nonpriority creditor's name and mailing address Dale Lee Baxley 629 TAMARACK DR UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.865	Nonpriority creditor's name and mailing address Dalisia Marie Morgan 3419 BARMOUTH DR ANTIOCH, CA 94509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.866	Nonpriority creditor's name and mailing address Dameian O'Sullivan 3858 ASHRIDGE LN SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.867	Nonpriority creditor's name and mailing address DAMEIAN OSULLIVAN 3858 ASHRIDGE LN SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.868	Nonpriority creditor's name and mailing address DAMIAN CHRISTOP WHITE 33524 7TH ST UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.869	Nonpriority creditor's name and mailing address Damian Christop White 33524 7TH ST UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.870	Nonpriority creditor's name and mailing address DAMIAN MAXIMILL MORA 215 N CAPITAL AVE APT 4 SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.871	Nonpriority creditor's name and mailing address Damian Maximill Mora 215 N CAPITAL AVE APT 4 SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.872	Nonpriority creditor's name and mailing address DAMIAN PEREZ 316 AVALON BLVD LOS ANGELES, CA 90744 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.873	Nonpriority creditor's name and mailing address Damian Perez 316 AVALON BLVD LOS ANGELES, CA 90744 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.874	Nonpriority creditor's name and mailing address DAMIEN LAMONT COLEMAN II 37033 MAPLE ST FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.875	Nonpriority creditor's name and mailing address Damien Lamont Coleman II 37033 MAPLE ST FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.876	Nonpriority creditor's name and mailing address DAMION HARRY 120 SOUTH 11TH AVENUE MOUNT VERNON, NY 10550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.877	Nonpriority creditor's name and mailing address DAMON JAMAL LYNCH 1741 B ST APT 1 HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.878	Nonpriority creditor's name and mailing address Damon Jamal Lynch 1741 B ST APT 1 HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.879	Nonpriority creditor's name and mailing address Damon Michael Wilks 36149 CABRILLO DR FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.880	Nonpriority creditor's name and mailing address Damon Paul Musselman 711 OLD CANYON RD APT 147 FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Name	Case number (if known)	17-52865
3.881	Nonpriority creditor's name and mailing address Dan Bautista Munoz 2345 ASHGLEN WAY SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.882	Nonpriority creditor's name and mailing address Dan Ngo 375 OLIVER STREET MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.883	Nonpriority creditor's name and mailing address DANAYSHA HARRIS 446 BERRIMAN ST 2B BROOKLYN, NY 11208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.884	Nonpriority creditor's name and mailing address Danesha Ebony Sapp 705 SOUTH ALMANSOR STREET ALHAMBRA, CA 91801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.885	Nonpriority creditor's name and mailing address DANIEL AGUILAR 37640 26TH DRIVE S FEDERAL WAY, WA 98003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.886	Nonpriority creditor's name and mailing address DANIEL BRYANT 15905 SE 144TH ST RENTON, WA 98059 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.887	Nonpriority creditor's name and mailing address Daniel Diaz Hernandez Jr 3512 ROLISON RD REDWOOD CITY, CA 94063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.888	Nonpriority creditor's name and mailing address DANIEL E BARBA MORALES 334 ROEDER CT SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.889	Nonpriority creditor's name and mailing address Daniel E Barba Morales 334 ROEDER CT SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.890	Nonpriority creditor's name and mailing address Daniel Epifone Borjon Jr 2181 NORTH TRACY BLVD APT 193 TRACY, CA 95376 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.891	Nonpriority creditor's name and mailing address DANIEL F MESIANO 26808 171ST PL SE APT C207 COVINGTON, WA 98042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.892	Nonpriority creditor's name and mailing address DANIEL JAMES HOPPNER 1506 BIRD AVE SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.893	Nonpriority creditor's name and mailing address Daniel James Hoppner 1506 BIRD AVE SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.894	Nonpriority creditor's name and mailing address Daniel James Klay 1350 JUANITA WAY CAMPBELL, CA 95008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Name	Case number (if known)	17-52865
3.895	Nonpriority creditor's name and mailing address Daniel James Stoch 2361 LOMA PARK CT SAN JOSE, CA 95124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.896	Nonpriority creditor's name and mailing address DANIEL JEAN-BAPTISTE 22623 16TH AVE S DES MOINES, WA 98198 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.897	Nonpriority creditor's name and mailing address Daniel Lander 2858 REGNART WAY SANTA CLARA, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.898	Nonpriority creditor's name and mailing address Daniel Liang 1015 BRUSSELS STREET SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.899	Nonpriority creditor's name and mailing address Daniel Murrell 1516 RALSTON AVE APT 7 BURLINGAME, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.900	Nonpriority creditor's name and mailing address Daniel Nguyen 299 ASPEN RIDGE DR MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.901	Nonpriority creditor's name and mailing address DANIEL PENN 2113 VILLAGE DRIVE PITTSBURGH, PA 15221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.902	Nonpriority creditor's name and mailing address DANIEL QUINONEZ 822 SINBAD AVE SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.903	Nonpriority creditor's name and mailing address Daniel Quinonez 822 SINBAD AVE SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.904	Nonpriority creditor's name and mailing address Daniel Raymond Ballard 340 UNION SQUARE APT 294 UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.905	Nonpriority creditor's name and mailing address Daniel Reeb 407 SANDSTONE DRIVE FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.906	Nonpriority creditor's name and mailing address Daniel Rosales 315 SOUTH BERNARDO AVE UNIT 3 SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.907	Nonpriority creditor's name and mailing address DANIEL ROY CALDERA 1085 TASMAN DR SPC 697 SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.908	Nonpriority creditor's name and mailing address Daniel Roy Caldera 1085 TASMAN DR SPC 697 SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.909	Nonpriority creditor's name and mailing address DANIEL STEPHEN HARRISTAKIS 1730 LAKE ST SAN MATEO, CA 94403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.910	Nonpriority creditor's name and mailing address Daniel Stephen Harristakis 1730 LAKE ST SAN MATEO, CA 94403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.911	Nonpriority creditor's name and mailing address Daniel Tsegaye 3865 MLK JR WAY Oakland, CA 94609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.912	Nonpriority creditor's name and mailing address DANIEL YEMANE HAGOS P O BOX 28891 SAN JOSE, CA 95159 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.913	Nonpriority creditor's name and mailing address Daniel Yemane Hagos P O BOX 28891 SAN JOSE, CA 95159 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.914	Nonpriority creditor's name and mailing address Danielle Denise Serrano 734 LEXINGTON PL 118 GILROY, CA 95020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.915	Nonpriority creditor's name and mailing address Danielle Marie Shroyer 213 DEL ROSA WY SAN MATEO, CA 94403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.916	Nonpriority creditor's name and mailing address DANIELLE MARIE VADEN 551 12TH ST RICHMOND, CA 94801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.917	Nonpriority creditor's name and mailing address Danielle Marie Vaden 551 12TH ST RICHMOND, CA 94801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.918	Nonpriority creditor's name and mailing address DANIELLE MILLER 819 BOQUET ST MCKEES ROCKS, PA 15236 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.919	Nonpriority creditor's name and mailing address Danita Churchill 1730 Bay Road # 403 East Palo Alto, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.920	Nonpriority creditor's name and mailing address Danny Andrew Horning 797 WILLOW GLEN WAY SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.921	Nonpriority creditor's name and mailing address Danny Andrew Horning II 14581 CHARMERAN AVE SAN JOSE, CA 95124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.922	Nonpriority creditor's name and mailing address DANNY DINH 2214 GALVESTON APT A SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Name	Case number (if known)	17-52865
3.923	Nonpriority creditor's name and mailing address Danny Dinh 2214 GALVESTON APT A SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.924	Nonpriority creditor's name and mailing address Danny Nguyen 1832 ROCK SPRINGS DR APT 4 SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.925	Nonpriority creditor's name and mailing address DANNY WILSON 19502 28TH DR SE BOTHELL, WA 98012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.926	Nonpriority creditor's name and mailing address DANTE FALLS 32200 MILITARY RD S APT V 350 FEDERAL WAY, WA 98001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.927	Nonpriority creditor's name and mailing address DANUAL JOEL VON KERRY 724 LEWELLING BLVD APT 241 SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.928	Nonpriority creditor's name and mailing address Danual Joel Von Kerry 724 LEWELLING BLVD APT 241 SAN FRANCISCO, CA 94115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.929	Nonpriority creditor's name and mailing address Daphne Darlene Davis 1801 E SONORA ST STOCKTON, CA 95205 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.930	Nonpriority creditor's name and mailing address DARICO GREGORY 837 LAKE SHORE DR BOWIE, MD 20721 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.931	Nonpriority creditor's name and mailing address Dario Duenas 330 CARSON DR HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.932	Nonpriority creditor's name and mailing address Darisha Mae Singleton 1122 73RD AVE OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.933	Nonpriority creditor's name and mailing address Darius Deante Fields 338 CHESTER ST OAKLAND, CA 94607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.934	Nonpriority creditor's name and mailing address Darnell Lemar Sweazie 9414 S SAN PEDRO ST APT # 2 LOS ANGELES, CA 90003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.935	Nonpriority creditor's name and mailing address Darnisha Monique Koonce 238 EAST 83RD ST LOS ANGELES, CA 90003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.936	Nonpriority creditor's name and mailing address Darrail Stallworth 1526 W 20TH ST APT D LONG BEACH, CA 90810 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.937 Nonpriority creditor's name and mailing address

DARREL VINCENT ALAMEIDA
325 SYLVAN AVE SPC 19
MOUNTAIN VIEW, CA 94041

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.938 Nonpriority creditor's name and mailing address

Darrel Vincent Alameida
325 SYLVAN AVE SPC 19
MOUNTAIN VIEW, CA 94041

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.939 Nonpriority creditor's name and mailing address

DARRELL FISHER
7903 CROWS NEST CT 31
LAUREL, MD 20707

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.940 Nonpriority creditor's name and mailing address

DARREN XIE
41 YALE ST
SAN FRANCISCO, CA 94134

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.941 Nonpriority creditor's name and mailing address

Darren Xie
41 YALE ST
SAN FRANCISCO, CA 94134

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.942 Nonpriority creditor's name and mailing address

Darriel Ballesteros
PO BOX 6455
BUENA PARK, CA 90622

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.943 Nonpriority creditor's name and mailing address

Darryl Bickley
805 SHARMON PALMS LN APT B
CAMPBELL, CA 95008

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.944	Nonpriority creditor's name and mailing address Darshan Singh 5405 CURTIS ST FREMONT, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.945	Nonpriority creditor's name and mailing address Dash Courier Service PO Box 6704 Greenville, SC 29606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$472.90
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3.946	Nonpriority creditor's name and mailing address DASHANIQUE CHRI REED 77 AMBROSE AVE BAY POINT, CA 94565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.947	Nonpriority creditor's name and mailing address Dashanique Christine Reed 77 AMBROSE AVE BAY POINT, CA 94565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.948	Nonpriority creditor's name and mailing address Dashonya Monitque Renee Ross 1600 82ND AVE OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.949	Nonpriority creditor's name and mailing address DAVE JEAN-BAPTISTE 1497 CARROLL ST APT 56 BROOKLYN, NY 11213 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.950	Nonpriority creditor's name and mailing address David Allen Lopez 8480 MORENO DR APT 1 RANCHO CUCAMONGA, CA 91730 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Name	Case number (if known)	17-52865
3.951	Nonpriority creditor's name and mailing address David Amanuel Julius 706 Modesto ave Santa Cruz, CA 95060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.952	Nonpriority creditor's name and mailing address DAVID ANTHONY FLORES JR 855 APPLE ST OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.953	Nonpriority creditor's name and mailing address David Anthony Flores Jr 855 APPLE ST OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.954	Nonpriority creditor's name and mailing address David Anthony Nye 123 E SAN CARLOS AVE APT 193 SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.955	Nonpriority creditor's name and mailing address DAVID ANTONIO RODRIGUEZ 433 W 48TH ST LOS ANGELES, CA 90037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.956	Nonpriority creditor's name and mailing address David Antonio Rodriguez 433 W 48TH ST LOS ANGELES, CA 90037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.957	Nonpriority creditor's name and mailing address David Arteaga 422 E 56TH ST LOS ANGELES, CA 90011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.958	Nonpriority creditor's name and mailing address DAVID BOOKMAN 133 W 90TH ST 10E NEW YORK, NY 10024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.959	Nonpriority creditor's name and mailing address David C. Van Horn 4147 BYRON ST PALO ALTO, CA 94306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.960	Nonpriority creditor's name and mailing address David Cano 7148 CLARENDON ST SAN JOSE, CA 95129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.961	Nonpriority creditor's name and mailing address DAVID CASTRO CELESTINO 2791 CHRISTOPHER CT HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.962	Nonpriority creditor's name and mailing address David Castro Celestino 2791 CHRISTOPHER CT HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.963	Nonpriority creditor's name and mailing address David Damaso Weinstein 766 BAYSHORE ST MARTINEZ, CA 94553 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.964	Nonpriority creditor's name and mailing address David Do 1626 RIDGETREE WAY SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.965	Nonpriority creditor's name and mailing address DAVID HARDY 1459 DRUID VALLEY DR ATLANTA, GA 30329 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.966	Nonpriority creditor's name and mailing address DAVID HIEN DUC BUI 3394 NORWOOD AVE SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.967	Nonpriority creditor's name and mailing address David Hien Duc Bui 3394 NORWOOD AVE SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.968	Nonpriority creditor's name and mailing address David Hong Duc Mai 5015 PAGE MILL DR SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.969	Nonpriority creditor's name and mailing address DAVID IAN QUIRIMIT 2364 ALCALDE ST SANTA CLARA, CA 95054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.970	Nonpriority creditor's name and mailing address David Ian Quirimit 2364 ALCALDE ST SANTA CLARA, CA 95054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.971	Nonpriority creditor's name and mailing address DAVID JAMES CAUGHEY 1108 CREED ST MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.972	Nonpriority creditor's name and mailing address David James Caughey 1108 CREED ST MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.973	Nonpriority creditor's name and mailing address DAVID JAY KOBZEV PO BOX 2903 WOODINVILLE, WA 98072 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.974	Nonpriority creditor's name and mailing address DAVID JOSEPH GONZALES JR 2999 HOSTETTER RD SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.975	Nonpriority creditor's name and mailing address David Joseph Gonzales Jr 2999 HOSTETTER RD SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.976	Nonpriority creditor's name and mailing address DAVID JOSEPH RIOS 2 PINEHURST AVE #D2 NEW YORK, NY 10033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.977	Nonpriority creditor's name and mailing address David Lee King Jr 1314 SOUTHGATE AVE DALY CITY, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.978	Nonpriority creditor's name and mailing address DAVID LEON FONTENETTE 1019 CENTER ST OAKLAND, CA 94607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.979 Nonpriority creditor's name and mailing address

David Leon Fontenette
1019 CENTER ST
OAKLAND, CA 94607

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.980 Nonpriority creditor's name and mailing address

David Leon Sosa
3339 QUESADA DR
SAN JOSE, CA 95148

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.981 Nonpriority creditor's name and mailing address

David Luevano
1225 Bay Port Circle
Pomona, CA 91768

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.982 Nonpriority creditor's name and mailing address

David Manuel Lemos
396 ROYCE DR
SAN JOSE, CA 95133

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.983 Nonpriority creditor's name and mailing address

David Marquez
4315 E 55TH ST
MAYWOOD, CA 90270

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.984 Nonpriority creditor's name and mailing address

DAVID MARTINEZ
12121 SE 319TH PL
AUBURN, WA 98002

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

3.985 Nonpriority creditor's name and mailing address

DAVID MOON
552 SINCLAIR ST APT 311
MCKEESPORT, PA 15132

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

\$0.00

Debtor	A-1 Express Delivery Service, Inc. Name	Case number (if known)	17-52865
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3.986	Nonpriority creditor's name and mailing address David Peter Dreyfous 533 ROBIN DR SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.987	Nonpriority creditor's name and mailing address David Renato Aguirre 2717 NEVIN AVE RICHMOND, CA 94804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.988	Nonpriority creditor's name and mailing address David Reveles 1925 E 23RD ST OAKLAND, CA 94606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.989	Nonpriority creditor's name and mailing address David Rincon 515 REDONDO AVE APT 1 LONG BEACH, CA 90814 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.990	Nonpriority creditor's name and mailing address David Russell Quick 648 ARMANINI AVE SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.991	Nonpriority creditor's name and mailing address DAVID SCHOENE 102 TAPIA DR SAN FRANCISCO, CA 94132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.992	Nonpriority creditor's name and mailing address David Schoene 102 TAPIA DR SAN FRANCISCO, CA 94132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Name	Case number (if known)	17-52865
3.993	Nonpriority creditor's name and mailing address David Thomas Smith 1463 30th Ave San Francisco, CA 94124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.994	Nonpriority creditor's name and mailing address David Valdes Reyes 1291 PLUM ST #2 SAN JOSE, CA 95110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.995	Nonpriority creditor's name and mailing address David Van Duong 1387 DORNOCH AVE SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.996	Nonpriority creditor's name and mailing address DAVID VIN 507 SINCLAIR DR SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.997	Nonpriority creditor's name and mailing address David Vin 507 SINCLAIR DR SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.998	Nonpriority creditor's name and mailing address David Wayne Miller 483 LINCOLN AVE SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.999	Nonpriority creditor's name and mailing address DAVID WUEST 19721 BOTHELL EVERETT HIGHWAY APT 507 BOTHELL, WA 98012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc.	Case number (if known)	17-52865
	Name		

3.100 0	Nonpriority creditor's name and mailing address DAVID YUNG KIM 6564 TIMBERVIEW DR SAN JOSE, CA 95120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.100 1	Nonpriority creditor's name and mailing address David Yung Kim 6564 TIMBERVIEW DR SAN JOSE, CA 95120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.100 2	Nonpriority creditor's name and mailing address Davit Davtyan 2460 W 239TH ST APT 31 TORRANCE, CA 90501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.100 3	Nonpriority creditor's name and mailing address DAWIT THIRUNEH 8450 DELRIDGE WAY SW APT 2A SEATTLE, WA 98106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.100 4	Nonpriority creditor's name and mailing address DAWIT YIHDEGO 3604 S 100TH ST APT B42 SEATAC, WA 98188 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.100 5	Nonpriority creditor's name and mailing address DAWN HIRSCH 1317 S BRADDOCK AVE APT 5 PITTSBURGH, PA 15218 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
<hr/>			
3.100 6	Nonpriority creditor's name and mailing address DAWOOD AUCKBARAULLEE 3710 CHARLTON IVES DR LILBURN, GA 30047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.100 7	Nonpriority creditor's name and mailing address DAYTON JOSEPH KNOLES 1690 CIVIC CENTER DR #501 SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.100 8	Nonpriority creditor's name and mailing address Dayton Joseph Knoles 1690 CIVIC CENTER DR #501 SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.100 9	Nonpriority creditor's name and mailing address DAYVON JAMERE DAVIS 10900 EAST TAYLOR RD APT 163 GULFPORT, MS 39503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.101 0	Nonpriority creditor's name and mailing address Dayvon Jamere Davis 10900 EAST TAYLOR RD APT 163 GULFPORT, MS 39503 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.101 1	Nonpriority creditor's name and mailing address DCT Williams Street LLC 555 17th Street Suite 3700 Denver, CO 80202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor A-1 Express Delivery Service, Inc.		Case number (if known) 17-52865
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<div>3.101 2</div>	Nonpriority creditor's name and mailing address DE ANDRE JAY CUMMINGS 625 BERRY AVE HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.101 3</div>	Nonpriority creditor's name and mailing address De Andre Jay Cummings 625 BERRY AVE HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.101 4</div>	Nonpriority creditor's name and mailing address DE JON MONEIL VASQUEZ 1482 12TH ST. APT B OAKLAND, CA 94607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.101 5</div>	Nonpriority creditor's name and mailing address De Jon Moneil Vasquez 1482 12TH ST. APT B OAKLAND, CA 94607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.101 6</div>	Nonpriority creditor's name and mailing address De Yuan Zheng 7315 STARWARD DR APT 53 DUBLIN, CA 94568 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.101 7</div>	Nonpriority creditor's name and mailing address De Zaun Jaquell Bruce 15215 EDGEMOOR ST SAN LEANDRO, CA 94579 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

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Name

3.101 8	Nonpriority creditor's name and mailing address DEANA LEE CAIN 328 SUFFOLK DR SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.101 9	Nonpriority creditor's name and mailing address Deana Lee Cain 328 SUFFOLK DR SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.102 0	Nonpriority creditor's name and mailing address Deandre Cash 882 WILLOW ST OAKLAND, CA 94607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.102 1	Nonpriority creditor's name and mailing address DEANDRE OFFORD 3445 S 176TH STREET APT 302 SEATAC, WA 98188 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.102 2	Nonpriority creditor's name and mailing address Deaneane Shonte Oberlton Chambers 463 WOOSTER AVE APT G15 SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.102 3	Nonpriority creditor's name and mailing address DEANKA JACQUELI DOPLER-PANTOJA 3838 TWIN FALLS CT SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

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Name

3.102 4	Nonpriority creditor's name and mailing address Deanka Jacqueline Dopler-Pantoja 3838 TWIN FALLS CT SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.102 5	Nonpriority creditor's name and mailing address DeAnna Briones 604 ROUGH AND READY RD SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.102 6	Nonpriority creditor's name and mailing address Deanna Lynne Wanzo 10241 MCBROOM ST SUNLAND, CA 91040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.102 7	Nonpriority creditor's name and mailing address DEAUNDRE TYSON 1219 W 92ND LOS ANGELES, CA 90044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.102 8	Nonpriority creditor's name and mailing address Deaundre Tyson 1219 W 92ND LOS ANGELES, CA 90044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.102 9	Nonpriority creditor's name and mailing address Debbie Anita Alcala 2132 MAIN ST APT 2 SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.103 0	Nonpriority creditor's name and mailing address Debbie Lynn Hudson 616 W PARR AVE #7 LOS GATOS, CA 95032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.103 1	Nonpriority creditor's name and mailing address Deborah Alley Gerkin 531 MOUNTAIN HOME DR SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.103 2	Nonpriority creditor's name and mailing address DEBORAH ANN SCHWENKE 282 REY ST SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.103 3	Nonpriority creditor's name and mailing address Deborah Ann Schwenke 282 REY ST SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.103 4	Nonpriority creditor's name and mailing address DEBORAH DENISE LANPHEAR 1760 CHEVALIER DRIVE SAN JOSE, CA 95124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.103 5	Nonpriority creditor's name and mailing address Deborah Denise Lanphear 1760 CHEVALIER DRIVE SAN JOSE, CA 95124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.103 6</div>	Nonpriority creditor's name and mailing address Deborah Lynn Gales 1230 BROOKSIDE DR APT 28 SAN PABLO, CA 94806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.103 7</div>	Nonpriority creditor's name and mailing address DEBORAH RENEE LAFROM 360 E EVELYN AVE APT 234 SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.103 8</div>	Nonpriority creditor's name and mailing address Deborah Renee Lafrom 360 E EVELYN AVE APT 234 SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.103 9</div>	Nonpriority creditor's name and mailing address Deborah Sue Valle 4271 N FIRST ST #140 SAN JOSE, CA 95134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.104 0</div>	Nonpriority creditor's name and mailing address Dee Jay Caparra Mahinan 1318 CASSLAND CT SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.104 1</div>	Nonpriority creditor's name and mailing address DEERICKA SHROND RICHARDSON 667 SYCAMORE AVE HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.104 2	Nonpriority creditor's name and mailing address Deericka Shronda Richardson 667 SYCAMORE AVE HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.104 3	Nonpriority creditor's name and mailing address DEIRDRE SANDRA MONTGOMERIE 934 ADAMS STREET ALBANY, CA 94706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.104 4	Nonpriority creditor's name and mailing address Deirdre Sandra Montgomerie 934 ADAMS STREET ALBANY, CA 94706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.104 5	Nonpriority creditor's name and mailing address DEJANE COOPER 1014 1/2 W 84TH ST LOS ANGELES, CA 90044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.104 6	Nonpriority creditor's name and mailing address Dejane Cooper 1014 1/2 W 84TH ST LOS ANGELES, CA 90044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.104 7	Nonpriority creditor's name and mailing address Dejanet Garrett 5408 AEGEAN WAY APT 1 LAS VEGAS, NV 89149 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.104 8	Nonpriority creditor's name and mailing address Deje Devante Silas 1419 GATEWAY DR VALLEJO, CA 94589 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.104 9	Nonpriority creditor's name and mailing address Delanna Marshun Grayson 22522 THIRD ST HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.105 0	Nonpriority creditor's name and mailing address Delano Villacarillo 382 SILVERTIP CT MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.105 1	Nonpriority creditor's name and mailing address Delivery Express Inc 405 Evans Black Drive Tukwila, WA 98188 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$201.62
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3.105 2	Nonpriority creditor's name and mailing address Delta Airlines PO Box 934946 Atlanta, GA 31193-4946 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$176.38
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3.105 3	Nonpriority creditor's name and mailing address Delvin Ray Nix 1504 W TICHENOR ST COMPTON, CA 90220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.105 4	Nonpriority creditor's name and mailing address Delynn Lakita Rose 584 58th St Oakland, CA 94609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.105 5	Nonpriority creditor's name and mailing address DEMARCUS SHAMBLEY 15 MOSEL AVE 1B STATEN ISLAND, NY 10304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.105 6	Nonpriority creditor's name and mailing address DEMAREA LEWIS RADFORD 2607 67TH AVE OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.105 7	Nonpriority creditor's name and mailing address DEMARIA AVRAHAM SHAPIRO 1357 136TH AVE SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.105 8	Nonpriority creditor's name and mailing address Demaria Avraham Shapiro 1357 136TH AVE SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.105 9	Nonpriority creditor's name and mailing address Demario Megele Henderson 1231 ELGIN ST SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.106 0	Nonpriority creditor's name and mailing address DEMAUREA M SMITH 2942 FRUITVALE AVENUE OAKLAND, CA 94602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.106 1	Nonpriority creditor's name and mailing address Demaurea M Smith 2942 FRUITVALE AVENUE OAKLAND, CA 94602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.106 2	Nonpriority creditor's name and mailing address Demba Baldeh 1116 NW 54TH APT 202 SEATTLE, WA 98107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.106 3	Nonpriority creditor's name and mailing address DEMELASH MEKONE GEBRU 1083 N ABBOTT AVE MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.106 4	Nonpriority creditor's name and mailing address Demelash Mekonene Gebru 1083 N ABBOTT AVE MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.106 5	Nonpriority creditor's name and mailing address DEMETRIUS DARNE SNEED 2697 HAVENSCOURT APT 13 OAKLAND, CA 95601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.106 6</div>	Nonpriority creditor's name and mailing address Demetrius Darnell Sneed 2697 HAVENSCOURT APT 13 OAKLAND, CA 95601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.106 7</div>	Nonpriority creditor's name and mailing address DEMETRIUS LAMON DAVIS 1641 SUBURBAN AVE PITTSBURGH, PA 15216 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.106 8</div>	Nonpriority creditor's name and mailing address Dena Tayebipoor 14248 DICKENS ST APT #116 SHERMAN OAKS, CA 91423 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.106 9</div>	Nonpriority creditor's name and mailing address DENIKKO HOWARD 6339 34TH AVE SW 112 SEATTLE, WA 98126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.107 0</div>	Nonpriority creditor's name and mailing address Denis Shneyder 15375 TROPIC CT APT 6 SAN LEANDRO, CA 94579 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.107 1</div>	Nonpriority creditor's name and mailing address Denise Cheri Zangrando 529 JACKSON AVE REDWOOD CITY, CA 94061 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

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3.107 2	Nonpriority creditor's name and mailing address DENISE YVONNE JOHNSON 2966 ROSSMORE LN SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.107 3	Nonpriority creditor's name and mailing address Denise Yvonne Johnson 2966 ROSSMORE LN SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.107 4	Nonpriority creditor's name and mailing address Dennard Lenore Earl Robinson 2104 MANZANITA WAY APT A ANTIOCH, CA 94509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.107 5	Nonpriority creditor's name and mailing address DENNIS FRASER 111-31 125 ST RICHMOND HILL, NY 11420 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.107 6	Nonpriority creditor's name and mailing address Dennis Jermaine Williams 187 1/2 ELLIS STREET LONG BEACH, CA 90805 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.107 7	Nonpriority creditor's name and mailing address Denny Aldana 925 E ADAMS BLVD LOS ANGELES, CA 90011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.107 8	Nonpriority creditor's name and mailing address Denrick Ivan Sebastian 2350 TRADE ZONE BLVD SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.107 9	Nonpriority creditor's name and mailing address DEONN ALBERTO ORTIZ 1425 CHIPLAY DR SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.108 0	Nonpriority creditor's name and mailing address Deonn Alberto Ortiz 1425 CHIPLAY DR SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.108 1	Nonpriority creditor's name and mailing address Deonte Williams 6435 FOOTHILL BLVD 214 OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.108 2	Nonpriority creditor's name and mailing address Derby Logistics Solutions Inc 215 R Salem Street Ste A Woburn, MA 01801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,725.00
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3.108 3	Nonpriority creditor's name and mailing address DEREJE GEDA 917 105TH PL SE EVERETT, WA 98208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Name

3.108 4	Nonpriority creditor's name and mailing address DEREK BRYAN ROGERS 34583 CALCUTTA DR FREMONT, CA 94555 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.108 5	Nonpriority creditor's name and mailing address Derek Bryan Rogers 34583 CALCUTTA DR FREMONT, CA 94555 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.108 6	Nonpriority creditor's name and mailing address DEREK JAMES WILLIAMS JR 1170 ELGIN ST SAN LORENZO, CA 94580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.108 7	Nonpriority creditor's name and mailing address Derek James Williams Jr 1170 ELGIN ST SAN LORENZO, CA 94580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.108 8	Nonpriority creditor's name and mailing address Derreck Duarte 9715 1/2 Alexander.ave South Gate, CA 90280 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.108 9	Nonpriority creditor's name and mailing address DERRICK BUSH 8502 KADEN DRIVE JONESBORO, GA 30238 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

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Name

3.109 0	Nonpriority creditor's name and mailing address DERRICK HOOKS 794 MIDWOOD STREET 5C BROOKLYN, NY 11203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.109 1	Nonpriority creditor's name and mailing address DERRICK LORENZO PRESSLEY 6505 FARMER DRIVE FORT WASHINGTON, MD 20744 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.109 2	Nonpriority creditor's name and mailing address DERRICK NII ATTRAM ASHONG 3042 DRIFTWOOD DR APT 36 SAN JOSE, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.109 3	Nonpriority creditor's name and mailing address Derrick Nii Attram Ashong 3042 DRIFTWOOD DR APT 36 SAN JOSE, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.109 4	Nonpriority creditor's name and mailing address Derrick Norfleet 3423 MT EVEREST DR SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.109 5	Nonpriority creditor's name and mailing address DERRON JACKSON 826 S FLOWER ST APT 2 INGLEWOOD, CA 90301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

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3.109 6	Nonpriority creditor's name and mailing address Derron Jackson 826 S FLOWER ST APT 2 INGLEWOOD, CA 90301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.109 7	Nonpriority creditor's name and mailing address DESALEGN ALEMU 14200 LINDEN AVE N APT 304 SEATTLE, WA 98133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.109 8	Nonpriority creditor's name and mailing address Desenta Renee Mcdaniels 133 W HILLCREST BLVD APT 4 INGLEWOOD, CA 90301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.109 9	Nonpriority creditor's name and mailing address DESHONIQUE PORC JEFFERSON 4105 MARKET ST OAKLAND, CA 94607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.110 0	Nonpriority creditor's name and mailing address Deshonique Porcha Luveya Jefferson 4105 MARKET ST OAKLAND, CA 94607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.110 1	Nonpriority creditor's name and mailing address Desiree Beltran 271 EL PORTAL WAY SAN JOSE, CA 95119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

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Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.110 2</div>	Nonpriority creditor's name and mailing address Desiree Christine Harris 715 MILITARY EAST BENICIA, CA 94510 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.110 3</div>	Nonpriority creditor's name and mailing address DESIRES PEREZ 1385 5TH AVE NEW YORK, NY 10027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.110 4</div>	Nonpriority creditor's name and mailing address DESTINY CARTER 4105 161ST AVE SE BELLEVUE, WA 98006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.110 5</div>	Nonpriority creditor's name and mailing address Deundre Grice 12903 Roselle Ave #1 Hawthorne, CA 90250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.110 6</div>	Nonpriority creditor's name and mailing address Devante William-Markell Harris 2130 MAIN ST APT 1 SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.110 7</div>	Nonpriority creditor's name and mailing address DEVAUGHN WHITE 226 CLAY DR PITTSBURGH, PA 15235 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

Debtor	Name	Case number (if known)	17-52865
3.110 8	Nonpriority creditor's name and mailing address Devin Kilpatrick 1432 W 121ST LOS ANGELES, CA 90047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.110 9	Nonpriority creditor's name and mailing address DEVONNA LYNN JONES 2901 MARY ANN LANE APT 227 PITTSBURG, CA 94565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.111 0	Nonpriority creditor's name and mailing address Devonna Lynn Jones 2901 MARY ANN LANE APT 227 PITTSBURG, CA 94565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.111 1	Nonpriority creditor's name and mailing address DeVontae LaJaun Smith 500 RAILWAY AVE #305 CAMPBELL, CA 95008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.111 2	Nonpriority creditor's name and mailing address DEXTER MCKENLEY GIVENS P O BOX 51520 PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.111 3	Nonpriority creditor's name and mailing address Dexter Mckenley Givens P O BOX 51520 PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.111 4</div>	Nonpriority creditor's name and mailing address DIAKA BURKE 765 VEDADO WAY NE APT.1 ATLANTA, GA 30308 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.111 5</div>	Nonpriority creditor's name and mailing address Diamon Jakeyna Hamilton 1616 G STREET APT D ANTIOCH, CA 94509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.111 6</div>	Nonpriority creditor's name and mailing address DIANNE TAM 1517 ONTARIO AVE LAKE CITY, GA 30260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.111 7</div>	Nonpriority creditor's name and mailing address Diego Reyna 6901 Flora Ave Bell, CA 90201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.111 8</div>	Nonpriority creditor's name and mailing address Diligent Delivery Service 28338 Constellation Rd Unit 940 Valencia, CA 91355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____	\$89.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.111 9</div>	Nonpriority creditor's name and mailing address Dindo C Dupa 736 GELLERT BLVD DALY CITY, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.112 0	Nonpriority creditor's name and mailing address Dinesha Lakesha Knox 1006 W GRAND AVE POMONA, CA 91766 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.112 1	Nonpriority creditor's name and mailing address Dion Joseph Hudson Starr 619 TOPAZ STREET APT #5 REDWOOD CITY, CA 94061 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.112 2	Nonpriority creditor's name and mailing address Dione Alex Mason 2326 88TH AVE APT C OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.112 3	Nonpriority creditor's name and mailing address Discount Courier Services 2549-B EastBluff Dr #276 Newport Beach, CA 92660 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,662.20
3.112 4	Nonpriority creditor's name and mailing address Dispatch Delivery K B Inc PO Box 12069 Oklahoma City, OK 73157 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$391.00
3.112 5	Nonpriority creditor's name and mailing address Distribution Management Corp PO Box 94150 Albuquerque, MN 87199 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,471.54
3.112 6	Nonpriority creditor's name and mailing address Diversified Delivery Service 546 W. 9560 S Sandy, UT 84070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$97.75

Debtor **A-1 Express Delivery Service, Inc.**
Name

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3.112
7 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**
DIYA IMANI JONES
722 31ST ST
OAKLAND, CA 94609
Date(s) debt was incurred _____
Last 4 digits of account number _____
☒ Contingent
☒ Unliquidated
☒ Disputed
Basis for the claim: **6 mo term**
Is the claim subject to offset? ☒ No ☐ Yes

3.112
8 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**
Diya Imani Jones
722 31ST ST
OAKLAND, CA 94609
Date(s) debt was incurred _____
Last 4 digits of account number _____
☒ Contingent
☒ Unliquidated
☒ Disputed
Basis for the claim: **Class List**
Is the claim subject to offset? ☒ No ☐ Yes

3.112
9 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$400.00**
DJJ Technologies
PO Box 420296
Atlanta, GA 30342
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

3.113
0 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**
DJUAN MILLER
22416 88TH AVE S K206
KENT, WA 98031
Date(s) debt was incurred _____
Last 4 digits of account number _____
☒ Contingent
☒ Unliquidated
☒ Disputed
Basis for the claim: **6 mo term**
Is the claim subject to offset? ☒ No ☐ Yes

3.113
1 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$10,000.00**
DLS Discovery
PO Box 226
Wilmington, DE 19899
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: _____
Is the claim subject to offset? ☒ No ☐ Yes

3.113
2 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**
DOMINIC ALLEN ALVIDREZ
1989 ELDEN DR
SAN JOSE, CA 95124
Date(s) debt was incurred _____
Last 4 digits of account number _____
☒ Contingent
☒ Unliquidated
☒ Disputed
Basis for the claim: **6 mo term**
Is the claim subject to offset? ☒ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.113 3	Nonpriority creditor's name and mailing address Dominic Allen Alvidrez 1989 ELDEN DR SAN JOSE, CA 95124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.113 4	Nonpriority creditor's name and mailing address DOMINIC DANIEL DURON P O BOX 3650 SANTA CLARA, CA 95055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.113 5	Nonpriority creditor's name and mailing address Dominic Daniel Duron P O BOX 3650 SANTA CLARA, CA 95055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.113 6	Nonpriority creditor's name and mailing address Dominik Rogers 762 BATISTA DR SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.113 7	Nonpriority creditor's name and mailing address DOMINIQUE DEVAR CENTERS 2675 PARKER AVE OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.113 8	Nonpriority creditor's name and mailing address Dominique Devar Centers 2675 PARKER AVE OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.113 9	Nonpriority creditor's name and mailing address DOMINIQUE HARRIS 10419 22ND AVE SW SEATTLE, WA 98146 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.114 0	Nonpriority creditor's name and mailing address DOMINIQUE RACHE JOHNSON 3610 PERALTA ST APT 220 EMERYVILLE, CA 94608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.114 1	Nonpriority creditor's name and mailing address Dominique Rache Johnson 3610 PERALTA ST APT 220 EMERYVILLE, CA 94608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.114 2	Nonpriority creditor's name and mailing address DOMONIQUE ROBINSON 3970 WARNER AVE APT A7 LANDOVER HILLS, MD 20784 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.114 3	Nonpriority creditor's name and mailing address Donald Ray Pittman 3942 S WILTON PLACE LOS ANGELES, CA 90062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.114 4	Nonpriority creditor's name and mailing address Donald Roberts 3520 WEST 39TH STREET LOS ANGELES, CA 90008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.114 5	Nonpriority creditor's name and mailing address DONALD RUSTE BAUTISTA 2706 COLIN CT SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.114 6	Nonpriority creditor's name and mailing address Donald Ruste Bautista 2706 COLIN CT SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.114 7	Nonpriority creditor's name and mailing address Donielle Lyles 8635 SOMERSET BLVD APT 141 PARAMOUNT, CA 90723 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.114 8	Nonpriority creditor's name and mailing address Donlen 3000 Lakeside Dr., 2nd Floor Bannockburn, IL 60015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$296,676.21
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3.114 9	Nonpriority creditor's name and mailing address Donn John Juvida Delacruz 2957 NIEMAN BLVD APT 301 SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.115 0	Nonpriority creditor's name and mailing address Donna Simpson 4901 GREENRIVER RD #248 CORONA, CA 92880 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.115 1</div>	Nonpriority creditor's name and mailing address DONNA TAPIA 3638 E F ST TACOMA, WA 98404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.115 2</div>	Nonpriority creditor's name and mailing address Donneld Lawrence Elder 728 E 121ST LOS ANGELES, CA 90059 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.115 3</div>	Nonpriority creditor's name and mailing address DONOVAN DAJON WASHINGTON 25518 SOTO RD APT 9 HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.115 4</div>	Nonpriority creditor's name and mailing address Donovan Dajon Washington 25518 SOTO RD APT 9 HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.115 5</div>	Nonpriority creditor's name and mailing address DONTE MAURICE BROWN 1780 BANCROFT AVE #4502 SAN FRANCISCO, CA 94124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.115 6</div>	Nonpriority creditor's name and mailing address Donte Maurice Brown 1780 BANCROFT AVE #4502 SAN FRANCISCO, CA 94124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.115 7	Nonpriority creditor's name and mailing address DONTE WILLIAMS 445 S 3RD ST 15 SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.115 8	Nonpriority creditor's name and mailing address Donte Williams 445 S 3RD ST 15 SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.115 9	Nonpriority creditor's name and mailing address Doreen Joy Isaacs 1624 THE ALAMEDA APT 15 SAN JOSE, CA 95126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.116 0	Nonpriority creditor's name and mailing address DORIS LAVONNE A GAFFNEY 1330 CONTRA COSTA AVE APT J107 RICHMOND, CA 94806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.116 1	Nonpriority creditor's name and mailing address Doris Lavonne A Gaffney 1330 CONTRA COSTA AVE APT J107 RICHMOND, CA 94806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.116 2	Nonpriority creditor's name and mailing address DOUGLAS ALAN HOPKINS 1498 CATHY WAY HAYWARD, CA 94545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor A-1 Express Delivery Service, Inc.		Case number (if known) 17-52865
<small>Name</small>		
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3.116 3	Nonpriority creditor's name and mailing address Douglas Alan Hopkins 1498 CATHY WAY HAYWARD, CA 94545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.116 4	Nonpriority creditor's name and mailing address Douglas Duaine Cupp PO BOX 391287 MOUNTAIN VIEW, CA 94039 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.116 5	Nonpriority creditor's name and mailing address Drake Wilson 4677 DEMARET DR SANTA CLARA, CA 95054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.116 6	Nonpriority creditor's name and mailing address Du Ngoc Bui 3351 FLINTMONT DR SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.116 7	Nonpriority creditor's name and mailing address DUANE ECHOLS 810 KIRKPATRICK AVE APT 2 BRADDOCK, PA 15104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		
3.116 8	Nonpriority creditor's name and mailing address DUANISHA SARDE GOODE 2700 GRAND CONCOURSE APT 611 BRONX, NY 10458 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<hr/>		

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

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Name

3.116 9	Nonpriority creditor's name and mailing address Duante Dedron Rentie 1346 BECKET DR SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.117 0	Nonpriority creditor's name and mailing address Duong Thai Dang 3547 LISBON DR SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.117 1	Nonpriority creditor's name and mailing address DUQUERLEAU PRINSILMA 2511 NEWKIRK AVE APT A15 BROOKLYN, NY 11226 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.117 2	Nonpriority creditor's name and mailing address Duriel Lamont Walker 999 W EVELYN TERRACE # 80 SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.117 3	Nonpriority creditor's name and mailing address DUSTIN ASHLEY 11038 DAYTON AVE N SEATTLE, WA 98133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.117 4	Nonpriority creditor's name and mailing address DUSTIN BOULDDING 13 PLEASANTVIEW HOMES BEAVER FALLS, PA 15010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
<hr/>			
3.117 5	Nonpriority creditor's name and mailing address Dustin Jared Ross 14420 KITTRIDGE STREET APT 304 VAN NUYS, CA 91405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.117 6	Nonpriority creditor's name and mailing address DUSTIN LAW 1720 MORRILL AVE SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.117 7	Nonpriority creditor's name and mailing address Dustin Law 1720 MORRILL AVE SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.117 8	Nonpriority creditor's name and mailing address DUY CU 3181 LONE BLUFF WAY SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.117 9	Nonpriority creditor's name and mailing address Duy Cu 3181 LONE BLUFF WAY SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.118 0	Nonpriority creditor's name and mailing address DWAIN DERRICK BRAZIL II 17701 S AVALON BLVD SP 190 CARSON, CA 90746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.118 1</div>	Nonpriority creditor's name and mailing address Dwain Derrick Brazil II 17701 S AVALON BLVD SP 190 CARSON, CA 90746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.118 2</div>	Nonpriority creditor's name and mailing address Dwayne A Holland 4096 PIEDMONT AVE SUITE 329A OAKLAND, CA 94611 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.118 3</div>	Nonpriority creditor's name and mailing address DWAYNE ALDRIDGE 103 MORELAND ST ALIQUPPA, PA 15001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.118 4</div>	Nonpriority creditor's name and mailing address DWAYNE ALGERNON MACK 40 S TERRACE AVE, # 1 MOUNT VERNON, NY 10550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.118 5</div>	Nonpriority creditor's name and mailing address DWAYNE ALLEN JONES 7907 WESTWOOD COURT CLINTON, MD 20735-1456 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.118 6</div>	Nonpriority creditor's name and mailing address DWAYNE O KEMP JR 106 KAREN DR MCDONALD, PA 15057 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor	Name	Case number (if known)	17-52865
3.118 7	Nonpriority creditor's name and mailing address Dwayne Vanier Davis 2342 SHATTUCK AVE APT 303 BERKELEY, CA 94704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.118 8	Nonpriority creditor's name and mailing address Dylan Adams 18342 PATTERSON LANE UNIT 1 HUNTINGTON BEACH, CA 92646 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.118 9	Nonpriority creditor's name and mailing address Dylan Yei Lin Chan 1845 GENEVA AVE SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.119 0	Nonpriority creditor's name and mailing address Dylann Fezeukemgue 201 PENNSYLVANIA AVE APT 226 FAIRFIELD, CA 94533 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.119 1	Nonpriority creditor's name and mailing address Dynamex-Las Vegas PO Box 803496 Dallas, TX 75380 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$643.75
3.119 2	Nonpriority creditor's name and mailing address Dynamex-NJ PO Box 803496 Dallas, TX 75380 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$775.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.119 3	Nonpriority creditor's name and mailing address Dynamex-OR PO Box 803496 Dallas, TX 75380 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,121.01
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3.119 4	Nonpriority creditor's name and mailing address Dynamex-UT PO Box 803496 Dallas, TX 75380 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,256.74
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3.119 5	Nonpriority creditor's name and mailing address DZEVAD SALI 1825 NE 3RD ST APT 8 RENTON, WA 98056 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.119 6	Nonpriority creditor's name and mailing address E-Courier Inc 776 Live Oak Drive Millersville, MD 21108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,500.00
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3.119 7	Nonpriority creditor's name and mailing address Ean Services PO Box 402383 Atlanta, GA 30384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$447,789.80
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3.119 8	Nonpriority creditor's name and mailing address Earl Crockett III 1722 SIXTH ST RICHMOND, CA 94801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.119 9	Nonpriority creditor's name and mailing address EARLENE E STEWART 1808 88TH AVE APT A OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Name	Case number (if known)	17-52865
3.120 0	Nonpriority creditor's name and mailing address Earlene E Stewart 1808 88TH AVE APT A OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.120 1	Nonpriority creditor's name and mailing address EARNEST LEE 3005 S 152ND STREET SEATAC, WA 98188 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.120 2	Nonpriority creditor's name and mailing address EarthLink PO Box 2252 Birmingham, AL 35246-1058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.120 3	Nonpriority creditor's name and mailing address EARVIN JUSTIN VILLAFLO 821 CALIFORNIA AVE APT A SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.120 4	Nonpriority creditor's name and mailing address Earvin Justin Villaflo 821 CALIFORNIA AVE APT A SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.120 5	Nonpriority creditor's name and mailing address Ed Scott Express PO Box 648 Springfield, MO 65801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$601.94

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.120 6	Nonpriority creditor's name and mailing address EDDER JAVIER GONZALEZ 1608 N SERRANO AVE APT 5 LOS ANGELES, CA 90027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.120 7	Nonpriority creditor's name and mailing address Edder Javier Gonzalez 1608 N SERRANO AVE APT 5 LOS ANGELES, CA 90027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.120 8	Nonpriority creditor's name and mailing address EDDIE DEAN MORRIS 443 DIMM ST RICHMOND, CA 94805 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.120 9	Nonpriority creditor's name and mailing address Eddie Dean Morris 443 DIMM ST RICHMOND, CA 94805 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.121 0	Nonpriority creditor's name and mailing address Eddy Messenger Service 5 West Main Street Elmsford, NY 10523 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$318.58
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3.121 1	Nonpriority creditor's name and mailing address EDDY SHAFER 3106 GLENDALE AVE PITTSBURGH, PA 15227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.121 2	Nonpriority creditor's name and mailing address Edgar Armando Esturban 1815 W 36TH ST LOS ANGELES, CA 90018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.121 3	Nonpriority creditor's name and mailing address EDGAR DAVID ALARCON JR 864 SILVER AVE SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.121 4	Nonpriority creditor's name and mailing address Edgar David Alarcon Jr 864 SILVER AVE SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.121 5	Nonpriority creditor's name and mailing address Edgar Hernando Gomez 19608 PRUNERIDGE AVE #9205 CUPERTINO, CA 95014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.121 6	Nonpriority creditor's name and mailing address Edgar Javier Cartagena 177 COLERIDGE GREEN FREMONT, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.121 7	Nonpriority creditor's name and mailing address Edgar Joya 3268 FLINTVIEW COURT SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.121 8	Nonpriority creditor's name and mailing address Edgar Ogeese 759 6TH AVE APT B SAN BRUNO, CA 94066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.121 9	Nonpriority creditor's name and mailing address Edgar Racanac 505 VIA LUNETO MONTEBELLO, CA 90640 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.122 0	Nonpriority creditor's name and mailing address Edgar Torres Granados 2113 LINCOLN ST EAST PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.122 1	Nonpriority creditor's name and mailing address EDINALDO DOS SANTOS 8626 26TH AVE SW A SEATTLE, WA 98106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.122 2	Nonpriority creditor's name and mailing address Eduardo D Micu 983 LAKEHAVEN DR SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.122 3	Nonpriority creditor's name and mailing address Edward Alan Ederra 221 WASHINGTON DR MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor A-1 Express Delivery Service, Inc.		Case number (if known) 17-52865
<small>Name</small>		
3.122 4	Nonpriority creditor's name and mailing address Edward Albert Jerry Peter Stamper 142 SONDRAY WAY CAMPBELL, CA 95008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.122 5	Nonpriority creditor's name and mailing address EDWARD ALBERT STAMPER 142 SONDRAY WAY CAMPBELL, CA 95008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.122 6	Nonpriority creditor's name and mailing address Edward Allen Ricks 9805 CIMARRON ST LOS ANGELES, CA 90047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.122 7	Nonpriority creditor's name and mailing address Edward Calderon 2755 SAN LEANDRO BLVD APT. 205 SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.122 8	Nonpriority creditor's name and mailing address EDWARD DUKE SCOTT III 853 DEL TREN AVE PITTSBURG, CA 94565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.122 9	Nonpriority creditor's name and mailing address Edward Duke Scott III 853 DEL TREN AVE PITTSBURG, CA 94565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Name	Case number (if known)	17-52865
3.123 0	Nonpriority creditor's name and mailing address Edward Heshan 2059 Camden Ave.,#288 San Jose, CA 95124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.123 1	Nonpriority creditor's name and mailing address Edward Huy Nguyen 709 CREEKLAND CIR SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.123 2	Nonpriority creditor's name and mailing address Edward Jerome Mcgadney Jr 2449 ACTON ST BERKELEY, CA 94702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.123 3	Nonpriority creditor's name and mailing address Edward Kunle Dale 902 KIRKHAM WAY OAKLAND, CA 94607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.123 4	Nonpriority creditor's name and mailing address EDWARD LATIMORE 1704 DAVIS AVE APT 3 PITTSBURGH, PA 15212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.123 5	Nonpriority creditor's name and mailing address Edward Lee Johnson 1232 CARLTON AVE MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Name	Case number (if known)	17-52865
3.123 6	Nonpriority creditor's name and mailing address Edward M Habimana 20641 VANOWEN ST #106 WINNETKA, CA 91306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.123 7	Nonpriority creditor's name and mailing address EDWARD NORWOOD 35156 LIDO BLVD APT J NEWARK, CA 94560 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.123 8	Nonpriority creditor's name and mailing address Edward Norwood 35156 LIDO BLVD APT J NEWARK, CA 94560 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.123 9	Nonpriority creditor's name and mailing address EDWARD RIENKS 4320 CRESCENT AVE EVERETT, WA 98203-2125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.124 0	Nonpriority creditor's name and mailing address Edward Takayuki Uto 3934 Alla Road Los Angeles, CA 90066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.124 1	Nonpriority creditor's name and mailing address Edwardo Calles 1132 PECOS WAY SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Name	Case number (if known)	17-52865
3.124 2	Nonpriority creditor's name and mailing address Edwardo Tlatenchi Jr 1638 84TH AVE OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.124 3	Nonpriority creditor's name and mailing address EDWIN BRUAN ICBAN 2746 CROFT DR SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.124 4	Nonpriority creditor's name and mailing address Edwin Bruan Icban 2746 CROFT DR SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.124 5	Nonpriority creditor's name and mailing address EDWIN COLBERT 917 EUREKA ST PITTSBURGH, PA 15210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.124 6	Nonpriority creditor's name and mailing address Edwin Sereno Coria 10371 MILLER AVE #2 CUPERTINO, CA 95014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.124 7	Nonpriority creditor's name and mailing address EDWIN ULISES SANCHEZ LINARES 48 VIEWMONT AVE SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor A-1 Express Delivery Service, Inc.		Case number (if known) 17-52865
<small>Name</small>		
<div>3.124 8</div>	Nonpriority creditor's name and mailing address Edwin Ulises Sanchez Linares 48 VIEWMONT AVE SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.124 9</div>	Nonpriority creditor's name and mailing address Edwinds Ayala Jr 305 TYRELLA AVE APT A MOUNTAIN VIEW, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.125 0</div>	Nonpriority creditor's name and mailing address Edwinds Ayala Nizama 305 TYRELLA AVE APT A MOUNTAIN VIEW, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.125 1</div>	Nonpriority creditor's name and mailing address ELI SAUL ROMAN 1674 MACOMBS RD 4A BRONX, NY 10453 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.125 2</div>	Nonpriority creditor's name and mailing address ELI VEGA 2612 OHIO AVE SOUTH GATE, CA 90280 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.125 3</div>	Nonpriority creditor's name and mailing address Eli Vega 2612 OHIO AVE SOUTH GATE, CA 90280 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	A-1 Express Delivery Service, Inc.	Case number (if known)	17-52865
3.125 4	Nonpriority creditor's name and mailing address Elias Ayala 10261 REGAN ST SAN JOSE, CA 94034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.125 5	Nonpriority creditor's name and mailing address ELIAS GEBRAGAIZT 1700 17TH AVE 204 SEATTLE, WA 98122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.125 6	Nonpriority creditor's name and mailing address Elisabeth L Nelson 21382 LAKE FOREST DRIVE APT F LAKE FOREST, CA 92630 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.125 7	Nonpriority creditor's name and mailing address Elizabeth Anne Ware 1021 N 7TH ST APT 4 SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.125 8	Nonpriority creditor's name and mailing address Elizabeth Ashworth 1427 HAVENCOURT OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.125 9	Nonpriority creditor's name and mailing address Elizabeth Perez 1450 EAST GROVE AVE ORANGE, CA 92865 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **A-1 Express Delivery Service, Inc.**

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Name

3.126 0	Nonpriority creditor's name and mailing address ELIZABETH SCHWAB 1505 WEST CASINO RD APT 20 EVERETT, WA 98204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.126 1	Nonpriority creditor's name and mailing address ELIZABETH SHERR BRINSON 249 THOMAS S BOYLAND APT 12D BROOKLYN, NY 11233 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.126 2	Nonpriority creditor's name and mailing address Elizabeth Thuy Phan 2650 Whispering Hills dr San Jose, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.126 3	Nonpriority creditor's name and mailing address ELIZER PANLAQUI PONIO 1051 SONOMA AVE MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.126 4	Nonpriority creditor's name and mailing address Elizer Panlaqui Ponio 1051 SONOMA AVE MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.126 5	Nonpriority creditor's name and mailing address ELLIOTT DRAPER 1500 27TH AVE APT 1 OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

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Name

3.126 6	Nonpriority creditor's name and mailing address Elliott Draper 2120 65TH AVE OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.126 7	Nonpriority creditor's name and mailing address ELLIOTT TOTURA 71 CRAVEN DR CHARLEROI, PA 15022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.126 8	Nonpriority creditor's name and mailing address Elmer Elliot Huezo 433 W 48TH STREET LOS ANGELES, CA 90037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.126 9	Nonpriority creditor's name and mailing address Elodio Rubio Soto 14023 DOTY AVE HAWTHORNE, CA 90250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.127 0	Nonpriority creditor's name and mailing address ELOUISE CELESTINE-HOUSTON 625 W VERNON ST APT 2 LOS ANGELES, CA 90037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.127 1	Nonpriority creditor's name and mailing address Elouise Celestine-Houston 625 W VERNON ST APT 2 LOS ANGELES, CA 90037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.127 2	Nonpriority creditor's name and mailing address EMANDY OLIVIA HELMER 1430 HALIBUT CT UNIT A SAN FRANCISCO, CA 94130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.127 3	Nonpriority creditor's name and mailing address Emandy Olivia Helmer 1430 HALIBUT CT UNIT A SAN FRANCISCO, CA 94130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.127 4	Nonpriority creditor's name and mailing address EMANUEL ESPINOZA 7223 CLARENDON ST APT 6 SAN JOSE, CA 95129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.127 5	Nonpriority creditor's name and mailing address Emanuel Espinoza 7223 CLARENDON ST APT 6 SAN JOSE, CA 95129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.127 6	Nonpriority creditor's name and mailing address EMEBET GETACHEW 4525 164TH ST SW Y-203 LYNNWOOD, WA 98087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.127 7	Nonpriority creditor's name and mailing address Emerlito Buenaventur Fernandez 54 2Shepherd Avenue,Apt.3 Hayward, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.127 8	Nonpriority creditor's name and mailing address Emil Broderick Carter 427 WESTERN AVE APT 1 GLENDALE, CA 91201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.127 9	Nonpriority creditor's name and mailing address Emil Joseph Vale Salvador 1943 LOYOLA DR SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.128 0	Nonpriority creditor's name and mailing address Emil Naim 10394 Rochester Ave. Los Angeles, CA 90024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.128 1	Nonpriority creditor's name and mailing address EMILIO F BLOISE 13214 CHOPIN CT SILVER SPRING, MD 20904 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.128 2	Nonpriority creditor's name and mailing address Emilio Reyes Castrejon 812 STATE ST SAN JOSE, CA 95110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.128 3	Nonpriority creditor's name and mailing address Emmanuel Alvarez Castaneda E 76TH ST APT 811 LOS ANGELES, CA 90001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.128 4	Nonpriority creditor's name and mailing address EMMANUEL MARTINEZ 2015 S 7TH ST ALHAMBRA, CA 91803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.128 5	Nonpriority creditor's name and mailing address Emmanuel Martinez 2015 S 7TH ST ALHAMBRA, CA 91803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.128 6	Nonpriority creditor's name and mailing address Emory Rodriguez 1808 S COCHRAN AVE LOS ANGELES, CA 90019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.128 7	Nonpriority creditor's name and mailing address ENDYYA PRESCOTT 9001 BARING CROSS ST LOS ANGELES, CA 90044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.128 8	Nonpriority creditor's name and mailing address Endyya Prescott 9001 BARING CROSS ST LOS ANGELES, CA 90044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.128 9	Nonpriority creditor's name and mailing address ENRIQUE ALFONSO FORD 2A DREYER AVE STATEN ISLAND, NY 10314 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.129 0	Nonpriority creditor's name and mailing address ENRIQUE DE LA TORRE P O BOX 2301 SUNNYVALE, CA 94087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.129 1	Nonpriority creditor's name and mailing address Enrique De La Torre P O BOX 2301 SUNNYVALE, CA 94087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.129 2	Nonpriority creditor's name and mailing address Enterprise FM Trust PO Box 800089 Kansas City, MO 64180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$19,929.86
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3.129 3	Nonpriority creditor's name and mailing address Enterprise Rent-A-Car PO Box 843369 Kansas City, MO 64184 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,139.86
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3.129 4	Nonpriority creditor's name and mailing address EPHRAIM BAUTIST RASTRULLO 1108 WOODBOROUGH PL SAN JOSE, CA 95118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.129 5	Nonpriority creditor's name and mailing address Ephraim Bautista Rastrullo 1108 WOODBOROUGH PL SAN JOSE, CA 95118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

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Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.129 6</div>	Nonpriority creditor's name and mailing address Eric Bin 855 NORTH BAYSHORE RD WEST # B205 SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.129 7</div>	Nonpriority creditor's name and mailing address Eric Christopher Aguirre 2316 MARSHGLEN CT SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.129 8</div>	Nonpriority creditor's name and mailing address Eric Claude Domejean 39368 SUNDALE DR FREMONT, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.129 9</div>	Nonpriority creditor's name and mailing address ERIC DANIEL RODRIGUEZ 22142 THELMA ST HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.130 0</div>	Nonpriority creditor's name and mailing address Eric Daniel Rodriguez 22142 THELMA ST HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.130 1</div>	Nonpriority creditor's name and mailing address ERIC EUGENE MOSSETT 6925 GREENWOOD ST PITTSBURGH, PA 15206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.130 2</div>	Nonpriority creditor's name and mailing address ERIC FANCHER 6775 LISA LANE SANDY SPRINGS, GA 30338 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.130 3</div>	Nonpriority creditor's name and mailing address Eric Fei Lee 1008 CONNIE DR CAMPBELL, CA 95008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.130 4</div>	Nonpriority creditor's name and mailing address Eric James Sanchagrin 973 PERREIRA DR SANTA CLARA, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.130 5</div>	Nonpriority creditor's name and mailing address ERIC JOSEPH HUMMEL 3 SOMER RIDGE DR APT 123 ROSEVILLE, CA 95661 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.130 6</div>	Nonpriority creditor's name and mailing address Eric Joseph Hummel 3 SOMER RIDGE DR APT 123 ROSEVILLE, CA 95661 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.130 7</div>	Nonpriority creditor's name and mailing address Eric Ka-Wai Cheung 211 DIXON RD MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

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Name

3.130 8	Nonpriority creditor's name and mailing address Eric Luong 1035 BILLINGS BLVD SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.130 9	Nonpriority creditor's name and mailing address Eric Nelson 603 SKYLINE DR DALY CITY, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.131 0	Nonpriority creditor's name and mailing address Eric Nguyen 1308 ABERFORD DR SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.131 1	Nonpriority creditor's name and mailing address Eric Norris 2323 moorpark ave Apt 2 San Jose, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.131 2	Nonpriority creditor's name and mailing address Eric Reyna 10321 HICKORY ST LOS ANGELES, CA 90002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.131 3	Nonpriority creditor's name and mailing address Eric Sturtz Ward 3934 SUNNY RD STOCKTON, CA 95215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.131 4</div>	Nonpriority creditor's name and mailing address ERIC TIMMINS 25350 1/2 OAK ST LOMITA, CA 90717 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.131 5</div>	Nonpriority creditor's name and mailing address Eric Timmins 25350 1/2 OAK ST LOMITA, CA 90717 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.131 6</div>	Nonpriority creditor's name and mailing address ERICA LENAY WILLIAMS 10927 ACALANES DR OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.131 7</div>	Nonpriority creditor's name and mailing address Erica Lenay Williams 10927 ACALANES DR OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.131 8</div>	Nonpriority creditor's name and mailing address ERICA PRESSLEY 2918 OTIS ST BERKELEY, CA 94703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.131 9</div>	Nonpriority creditor's name and mailing address Erica Pressley 2918 OTIS ST BERKELEY, CA 94703 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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Name

3.132 0	Nonpriority creditor's name and mailing address Erick F Ortega 24909 AVOCADO CT HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.132 1	Nonpriority creditor's name and mailing address Erick Henry Lopez 1927 S SHENANDOAH ST APT #6 LOS ANGELES, CA 90034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.132 2	Nonpriority creditor's name and mailing address ERICSON CABEBE EVANGELISTA 224 VERANO DR DALY CITY, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.132 3	Nonpriority creditor's name and mailing address Ericson Cabebe Evangelista 224 VERANO DR DALY CITY, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.132 4	Nonpriority creditor's name and mailing address ERIK DAMON ELMORE 6233 VERDICT CT CHESTERFIELD, VA 23832 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.132 5	Nonpriority creditor's name and mailing address Erik John Camacho 4141 DEEP CREEK RD SPC 16 FREMONT, CA 94555 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

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Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.132 6</div>	Nonpriority creditor's name and mailing address Erik Joseph Sanchez 10432 MCNERNEY AVE SOUTH GATE, CA 90280 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.132 7</div>	Nonpriority creditor's name and mailing address Erik Laron Martin Jr 522 CARTER ST APT 307 D SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.132 8</div>	Nonpriority creditor's name and mailing address ERIK MAURICE PATTERSON 630 PANJON ST HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.132 9</div>	Nonpriority creditor's name and mailing address Erik Maurice Patterson 630 PANJON ST HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.133 0</div>	Nonpriority creditor's name and mailing address Erik Michael Friedlander 713 SUTTER AVE PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.133 1</div>	Nonpriority creditor's name and mailing address Erik Stephen Haccou 2643 TARTAN DR SANTA CLARA, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

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Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.133 2</div>	Nonpriority creditor's name and mailing address Erine Aisha Robertson 1112 DEL NORTE AVE MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.133 3</div>	Nonpriority creditor's name and mailing address ERNEST JON LABI ODOYA 28622 BAY PORT CT HAYWARD, CA 94545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.133 4</div>	Nonpriority creditor's name and mailing address Ernest Jon Labi Odoya 28622 BAY PORT CT HAYWARD, CA 94545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.133 5</div>	Nonpriority creditor's name and mailing address Ernesto Gomez 676 GIRAUDO DRIVE SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.133 6</div>	Nonpriority creditor's name and mailing address Erwin Giovanni Toscano 5414 11TH AVE LOS ANGELES, CA 90043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.133 7</div>	Nonpriority creditor's name and mailing address ESKANDER ABDELLA 25621 27TH PL S C102 KENT, WA 98032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.133 8	Nonpriority creditor's name and mailing address ESMERALDA DOMINGUEZ NOYOLA 3268 FLINTVIEW CT SAN JOSE, CA 95418-9541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.133 9	Nonpriority creditor's name and mailing address Esmeralda Dominguez Noyola 3268 FLINTVIEW CT SAN JOSE, CA 95418 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.134 0	Nonpriority creditor's name and mailing address Esperanza Fletcher 39270 Paseo Padre Parkway Fremont, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.134 1	Nonpriority creditor's name and mailing address Esquire Express Inc 2275 E 11th Ave Hialeah, FL 33013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,680.00
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3.134 2	Nonpriority creditor's name and mailing address ESTEBAN TOBON 17221 164TH WAY SE RENTON, WA 98058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.134 3	Nonpriority creditor's name and mailing address Esther Zaragoza Magallon 325 UNION AVE APT 131 CAMPBELL, CA 95008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor A-1 Express Delivery Service, Inc.		Case number (if known) 17-52865
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3.134 4	Nonpriority creditor's name and mailing address Etienne Barnes 3459 GRASS VALLEY CT. SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.134 5	Nonpriority creditor's name and mailing address EUFRACIO CARONA VARGAS 219 MCCREERY AVE SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.134 6	Nonpriority creditor's name and mailing address Eufracio Carona Vargas 219 MCCREERY AVE SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.134 7	Nonpriority creditor's name and mailing address EUGENE BRAMBLE 2287 LYON AVE BRONX, NY 10462 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.134 8	Nonpriority creditor's name and mailing address EUGENE HENDERSON 13101 WEST LOOP VIEW DR GRANITE FALLS, WA 98252 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.134 9	Nonpriority creditor's name and mailing address Eugene Marceau Pettigrew 2021 WEST 54TH ST LOS ANGELES, CA 90062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.135 0	Nonpriority creditor's name and mailing address EUGENE THOMAS CLEWLOW 5371 KING ESTATES COURT SAN JOSE, CA 95135 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.135 1	Nonpriority creditor's name and mailing address Eugene Thomas Clewlow 5371 KING ESTATES COURT SAN JOSE, CA 95135 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.135 2	Nonpriority creditor's name and mailing address Eva-Ruth Banuelos PO BOX 640488 SAN JOSE, CA 95164 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.135 3	Nonpriority creditor's name and mailing address Evan Larry Souza 65 MARIAN LN SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.135 4	Nonpriority creditor's name and mailing address Eve Medina 2461 MOORPARK AVE SAN JOSE, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.135 5	Nonpriority creditor's name and mailing address Evelyn Larizza Dubois 1159 s Bronson Ave * Los Angeles, CA 90019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.135 6	Nonpriority creditor's name and mailing address Everardo Huerta Torres 2084 POAS CT SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.135 7	Nonpriority creditor's name and mailing address Everett Allen Robinson Jr 6646 MACARTHUR BLVD APT 19 OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.135 8	Nonpriority creditor's name and mailing address Evert Antonio Mejia 175 LELAND AVE SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.135 9	Nonpriority creditor's name and mailing address Expedited Courier & Distributon LLC PO Box 13082 Baltimore, MD 21203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$160.95
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3.136 0	Nonpriority creditor's name and mailing address Express Connection 12021 Wilshire Blvd Ste 922 Los Angeles, CA 90025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,528.17
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3.136 1	Nonpriority creditor's name and mailing address Express Courier Intl MEM PO Box 678576 Dallas, TX 75267 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,202.48
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.136 2	Nonpriority creditor's name and mailing address EYOB ABEBE PO BOX 55305 SHORELINE, WA 98155 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.136 3	Nonpriority creditor's name and mailing address EZ Trucking PO Box 518 New York, NY 10018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,466.71
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3.136 4	Nonpriority creditor's name and mailing address Faaitua Logo 1153 SARATOGA AVE E PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.136 5	Nonpriority creditor's name and mailing address Faazil Farhaan Ali 658 MEMORIAL WAY APT 8 HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.136 6	Nonpriority creditor's name and mailing address Fabiola Carrillo-Padilla 4767 DON ZAREMBO DRIVE #5 LOS ANGELES, CA 90008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.136 7	Nonpriority creditor's name and mailing address Fahad Siddiqi 1545 FLINIGAN DRIVE UNIT 143 SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.136 8	Nonpriority creditor's name and mailing address Faisel Rehman 27267 SLEEPY HOLLOW AVE APT 105 HAYWARD, CA 94545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.136 9	Nonpriority creditor's name and mailing address FAIZ R AHMED 9429 LEFFERTS BOULAVARD SOUTH RICHMOND HILL, NY 11410 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.137 0	Nonpriority creditor's name and mailing address FARES ALMOUZANI 1079 FULTON AVE SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.137 1	Nonpriority creditor's name and mailing address Fares Almouzan 1079 FULTON AVE SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.137 2	Nonpriority creditor's name and mailing address Farhad Sharifov 4251 SHELTER CREEK LANE SAN BRUNO, CA 94066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.137 3	Nonpriority creditor's name and mailing address FARHAN ALI 12919 ROSELLE AVE APT 4 HAWTHORNE, CA 90250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.137 4	Nonpriority creditor's name and mailing address Farhan Ali 12919 ROSELLE AVE APT 4 HAWTHORNE, CA 90250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.137 5	Nonpriority creditor's name and mailing address Farid Mohandesi 19600 VOSE ST RESEDA, CA 91335 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.137 6	Nonpriority creditor's name and mailing address Fast Lane Courier 1751 W Alexander St #100 Salt Lake City, UT 84119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$248.00
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3.137 7	Nonpriority creditor's name and mailing address Fast Track 109 Price Lane Voorheesville, NY 12186 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,884.30
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3.137 8	Nonpriority creditor's name and mailing address Fastrack 109 Price Lane Voorheeseville, NY 12186 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$538.20
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3.137 9	Nonpriority creditor's name and mailing address Faycal Zaidi 2156 TASMAN DR APT 246 SANTA CLARA, CA 95054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.138 0	Nonpriority creditor's name and mailing address FEHED ABUKBAKAR 5920 HIGH POINT DR SW SEATTLE, WA 98126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.138 1	Nonpriority creditor's name and mailing address Felicia Ingram 2784 HOMESTEAD ROAD UNIT 106 SANTA CLARA, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.138 2	Nonpriority creditor's name and mailing address FELIPE IVAN AMEZCUA BARAJAS 135 EASTWOOD CT SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.138 3	Nonpriority creditor's name and mailing address Felipe Ivan Amezcua Barajas 135 EASTWOOD CT SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.138 4	Nonpriority creditor's name and mailing address Felipe Martinez 3312 W 108TH ST INGLEWOOD, CA 90302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.138 5	Nonpriority creditor's name and mailing address Felix Oplencia Dizon 2210 RUMRILL BLVD SAN PABLO, CA 94806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

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3.138 6	Nonpriority creditor's name and mailing address Felton R Buckholtz 4130 EDGEHILL DR LOS ANGELES, CA 90008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.138 7	Nonpriority creditor's name and mailing address FERDINAND VENAS SWEDI 743 FALLON AVE SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.138 8	Nonpriority creditor's name and mailing address Ferdinand Venas Swedi 743 FALLON AVE SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.138 9	Nonpriority creditor's name and mailing address FERNANDA MARIEL FLORES 1775 MARCO POLO WAY APT 8 BURLINGAME, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.139 0	Nonpriority creditor's name and mailing address Fernanda Marielos Flores 1775 MARCO POLO WAY APT 8 BURLINGAME, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.139 1	Nonpriority creditor's name and mailing address Fernando Garnica 427 PINE ST REDWOOD CITY, CA 94063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

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3.139 2	<p>Nonpriority creditor's name and mailing address</p> <p>Fidel Flores 3755 W 58TH PL LOS ANGELES, CA 90043</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Class List</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
3.139 3	<p>Nonpriority creditor's name and mailing address</p> <p>Fifth Third Bank 3344 Peachtree Road, NE Suite 800 Atlanta, GA 30326</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$122,000.00
3.139 4	<p>Nonpriority creditor's name and mailing address</p> <p>Finast Michael Brown 5273 CAMDEN AVE APT 197 SAN JOSE, CA 95124</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Class List</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
3.139 5	<p>Nonpriority creditor's name and mailing address</p> <p>First Choice Coffee Service 6700 Dawson Blvd Bld 3-E Norcross, GA 30093</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$430.86
3.139 6	<p>Nonpriority creditor's name and mailing address</p> <p>First Choice Courier Service PO Box 2317 Owasso, OK 74055</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$25.00
3.139 7	<p>Nonpriority creditor's name and mailing address</p> <p>Fissehayeh Ghebreziabiher Ghebremichael 1305 WEST CAMPBELL AVE APT #4 CAMPBELL, CA 95008</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Class List</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00

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3.139 8	Nonpriority creditor's name and mailing address FISSEHAYE GHEBREMICHAEL 1305 WEST CAMPBELL AVE APT #4 CAMPBELL, CA 95008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.139 9	Nonpriority creditor's name and mailing address Fleet Wash PO Box 36014 Newark, NJ 07188-6014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,655.25
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3.140 0	Nonpriority creditor's name and mailing address Fnu Abdulhamid 1811 27TH AVE FOOTHILL APT 105 OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.140 1	Nonpriority creditor's name and mailing address Fnu Hares 1811 27TH FOOTHILL BLVD BOX 105 OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.140 2	Nonpriority creditor's name and mailing address FOWSIYA IBRAHIM 3445 S 144TH ST 113 SEATTLE, WA 98168 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.140 3	Nonpriority creditor's name and mailing address Frances Puzon 5200 BIRKDALE WAY SAN JOSE, CA 95138 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.140 4	Nonpriority creditor's name and mailing address Francine G Bass 3561 HOMESTEAD RD APT 265 SANTA CLARA, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.140 5	Nonpriority creditor's name and mailing address Francis Aldrin Valencia 2215 SAN RAFAEL AVE SANTA CLARA, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.140 6	Nonpriority creditor's name and mailing address Francis G. Zapanta Macaraeg 3125 VESUVIUS LN SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.140 7	Nonpriority creditor's name and mailing address FRANCIS GITAU NDUNGU 30602 PACIFIC HWY S APT E201 FEDERAL WAY, WA 98003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.140 8	Nonpriority creditor's name and mailing address Francis Javier Villanueva 1933 Drumhead Ct. San Jose, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.140 9	Nonpriority creditor's name and mailing address FRANCIS KWABENA MENSAH 8545 LIQUID AMBER WAY ELK GROVE, CA 95757 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.141 0	Nonpriority creditor's name and mailing address Francis Kwabena Mensah 8545 LIQUID AMBER WAY ELK GROVE, CA 95757 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.141 1	Nonpriority creditor's name and mailing address Francis Rovert Reyes 33300 MISSION BLVD APT 52 UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.141 2	Nonpriority creditor's name and mailing address Francis W Sudieh 2195 CRESTVIEW DR APT 138 PITTSBURG, CA 94565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.141 3	Nonpriority creditor's name and mailing address FRANCISCO BAGA MATEO JR 1661 N WILTON PL APT 2 LOS ANGELES, CA 90028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.141 4	Nonpriority creditor's name and mailing address Francisco Baga Mateo Jr 1661 N WILTON PL APT 2 LOS ANGELES, CA 90028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.141 5	Nonpriority creditor's name and mailing address Francisco Ernesto Miranda 2437 CORINTH AVE APT 308 LOS ANGELES, CA 90054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.141 6	Nonpriority creditor's name and mailing address Francisco J Gonzalez 4316 CESAR E CHAVEZ AVE LOS ANGELES, CA 90022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.141 7	Nonpriority creditor's name and mailing address Francisco Javier Camarena 6340 LANKESHIM BLVD APT 224 NORTH HOLLYWOOD, CA 91606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.141 8	Nonpriority creditor's name and mailing address Francisco Javier Del Rio Chave 947 Mouton cir E Palo Alto, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.141 9	Nonpriority creditor's name and mailing address FRANK FRANKLIN 9831 STANLEY AVE OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.142 0	Nonpriority creditor's name and mailing address Frank Franklin 9831 STANLEY AVE OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.142 1	Nonpriority creditor's name and mailing address FRANKLIN SPOLORIC 321 S 177TH PL APT K301 SEATTLE, WA 98148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.142 2	Nonpriority creditor's name and mailing address Fred Taylor Jr 120 GARDINER AVE APT C SOUTH SAN FRANCISCO, CA 94080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.142 3	Nonpriority creditor's name and mailing address Freddie Bobby Dabney Jr 2022 84TH AVE OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.142 4	Nonpriority creditor's name and mailing address FREDDIE THOMAS BULLOCK 380 SCHENCK AVE APT#1A BROOKLYN, NY 11207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.142 5	Nonpriority creditor's name and mailing address Freddy Anthony Blanco-Rojas 950 PINE ST 307 SAN FRANCISCO, CA 94108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.142 6	Nonpriority creditor's name and mailing address FREDERICK L SMITH 1635 - 92ND AVENUE #4 OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.142 7	Nonpriority creditor's name and mailing address Frederick L Smith 1635 - 92ND AVENUE #4 OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.142 8	Nonpriority creditor's name and mailing address FREDRICK FLOURNOY 54 EVELYN PLACE 4E BRONX, NY 10468 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.142 9	Nonpriority creditor's name and mailing address FREDRICK HARDWELL 125 SW CAMPUS DR APT 27-103 FEDERALWAY, WA 98023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.143 0	Nonpriority creditor's name and mailing address FREDRICK M WILLIAMS IV 2411 S 2332ND ST DES MOINES, WA 98198 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.143 1	Nonpriority creditor's name and mailing address Fredrick Rodolph Roberts 3900 RIVERLAKES DR #10 J BAKERSFIELD, CA 93312 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.143 2	Nonpriority creditor's name and mailing address FRIESY J MEJIA JIMENEZ 1126 METCOVE AVE APT 2F BRONX, NY 10472 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.143 3	Nonpriority creditor's name and mailing address Frontier Communications PO Box 740407 Cincinnati, OH 45274-0407 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.143 4	Nonpriority creditor's name and mailing address Fuad Ali Mohamed 6167 CARLING WAY #7 SAN DIEGO, CA 92115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.143 5	Nonpriority creditor's name and mailing address FUAD MOHAMED HUSSEIN 3240 S 180TH ST APT 53 SEATAC, WA 98188 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.143 6	Nonpriority creditor's name and mailing address FUNG CHAN 9085 ALCOSTA BLVD APT 400 SAN RAMON, CA 94583 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.143 7	Nonpriority creditor's name and mailing address Fung Chan 9085 ALCOSTA BLVD APT 400 SAN RAMON, CA 94583 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.143 8	Nonpriority creditor's name and mailing address Fusion/Network Billing Systems 155 Willowbrook Blvd Wayne, NJ 07470 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.143 9	Nonpriority creditor's name and mailing address G & E Delivery PO Box 5872 Burlington, VT 05402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,040.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.144 0	Nonpriority creditor's name and mailing address GABE MICHAEL GAISER 215 W MACARTHUR BLVD APT 126 OAKLAND, CA 94611 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.144 1	Nonpriority creditor's name and mailing address Gabe Michael Gaier 215 W MACARTHUR BLVD APT 126 OAKLAND, CA 94611 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.144 2	Nonpriority creditor's name and mailing address Gabriel Arturo Mendoza Jr 26691 CAMPECHE ST HAYWARD, CA 94545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.144 3	Nonpriority creditor's name and mailing address Gabriel Gonzalez Jr 18691 CRABTREE AVENUE CUPERTINO, CA 95014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.144 4	Nonpriority creditor's name and mailing address Gabriel Rios 537 N.Colonia de los Cedros Los Angeles, CA 90022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.144 5	Nonpriority creditor's name and mailing address GABRIEL SETH LONG 1522 TUCKER ST OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.144 6	Nonpriority creditor's name and mailing address Gabriel Seth Long 1522 TUCKER ST OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.144 7	Nonpriority creditor's name and mailing address GABRIEL STEVENS ZOLDI 825 POLLARD RD STE 207 LOS GATOS, CA 95032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.144 8	Nonpriority creditor's name and mailing address GABRIEL TOMMIE MIJARES 39800 FREMONT BLVD FREMONT, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.144 9	Nonpriority creditor's name and mailing address Gabriel Tommie Mijares 39800 FREMONT BLVD FREMONT, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.145 0	Nonpriority creditor's name and mailing address Gabriel Valencia Magana 2400 Gloria Way Apt. 404 E Palo Alto, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.145 1	Nonpriority creditor's name and mailing address Gabriel Vasilakis 4193 CHEENEY ST SANTA CLARA, CA 95054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

3.145 2	Nonpriority creditor's name and mailing address GAGANDEEP SINGH 31105 VARNI PL UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.145 3	Nonpriority creditor's name and mailing address Gagandeep Singh 31105 VARNI PL UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.145 4	Nonpriority creditor's name and mailing address Galicia Alena Fajardo 211A WHITLING ST EL SEGUNDO, CA 90245 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.145 5	Nonpriority creditor's name and mailing address GALMESA ELEM0 1209 EVERETT AVE EVERETT, WA 98201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.145 6	Nonpriority creditor's name and mailing address Gameli Bettina Dorcoo 6400 WEST BLVD APT 107 LOS ANGELES, CA 90043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.145 7	Nonpriority creditor's name and mailing address Ganter Hoc 1440 LOGAN ST APT 10 LOS ANGELES, CA 90026 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.145 8	Nonpriority creditor's name and mailing address GARAD NUR 3510 S 180TH ST C11 SEATAC, WA 98188 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.145 9	Nonpriority creditor's name and mailing address Garfield Leung 219 FARALLONES ST SAN FRANCISCO, CA 94112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.146 0	Nonpriority creditor's name and mailing address Garin A Rosen 4400 CENTRAL AVE APT 415 FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.146 1	Nonpriority creditor's name and mailing address Garrick Gran Goods 10234 S VANNESS AVE LOS ANGELES, CA 90047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.146 2	Nonpriority creditor's name and mailing address Gary Anderson Courier Co 4227 Commonwealth Ave Toledo, OH 43612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$800.00
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3.146 3	Nonpriority creditor's name and mailing address GARY ANTHONY NELSON 3357 HOLLY DR SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.146 4	Nonpriority creditor's name and mailing address Gary Anthony Nelson 3357 HOLLY DR SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.146 5	Nonpriority creditor's name and mailing address GARY CHARLES WATSON III 1479 SHAFTER AVE SAN FRANCISCO, CA 94124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.146 6	Nonpriority creditor's name and mailing address Gary Charles Watson Iii 1479 SHAFTER AVE SAN FRANCISCO, CA 94124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.146 7	Nonpriority creditor's name and mailing address Gary John Govola II 796 GWEN DR CAMPBELL, CA 95008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.146 8	Nonpriority creditor's name and mailing address Gary Leonard Blowers Jr 2929 CHEVY WAY SAN PABLO, CA 94806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.146 9	Nonpriority creditor's name and mailing address Gary Philip Tognetti 3177 FAIR OAKS AVE. REDWOOD CITY, CA 94063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.147 0	Nonpriority creditor's name and mailing address GARY SIMON 74 EDMONT DRIVE DALY CITY, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.147 1	Nonpriority creditor's name and mailing address Gary Simon 74 EDMONT DRIVE DALY CITY, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.147 2	Nonpriority creditor's name and mailing address GARY SUBLETT 208 DIAMOND AVE BROWNSVILLE, PA 15417 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.147 3	Nonpriority creditor's name and mailing address GARY VARANO JR 1116 STARDUST WAY MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.147 4	Nonpriority creditor's name and mailing address Gary Varano Jr 1116 STARDUST WAY MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.147 5	Nonpriority creditor's name and mailing address Gemma Joyce David De Dios 2420 BERMUDA AVE SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.** Case number (if known) **17-52865**

Name

3.147
6 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

Gene Chi Wong
5629 WALLACE PL
FREMONT, CA 94538

Date(s) debt was incurred _

Last 4 digits of account number _

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.147
7 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$586.15**

General Courier
PO Box 1072
Portland, ME 04104

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.147
8 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

GEOFFREY BRIAN PHELPS
1269A NOGAL DR
SALINAS, CA 93905

Date(s) debt was incurred _

Last 4 digits of account number _

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

3.147
9 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

GEOFFREY KENNED YOON
857 LEXINGTON DR
SALINAS, CA 93906

Date(s) debt was incurred _

Last 4 digits of account number _

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

3.148
0 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

Geoffrey Kennedy Yoon
857 LEXINGTON DR
SALINAS, CA 93906

Date(s) debt was incurred _

Last 4 digits of account number _

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.148
1 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

GEORDAN ALBERT
2223 BENSON RD S V101
RENTON, WA 98055

Date(s) debt was incurred _

Last 4 digits of account number _

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.148 2	Nonpriority creditor's name and mailing address George Chatillon Collins 225 S MORRISON AVE SAN JOSE, CA 95126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.148 3	Nonpriority creditor's name and mailing address George Morado 641 N 19th Street San Jose, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.148 4	Nonpriority creditor's name and mailing address George Ophelia 4514 WEBSTER ST OAKLAND, CA 94609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.148 5	Nonpriority creditor's name and mailing address GEORGE ROBIN HAWIL 323 VIEWPARK CIRCLE SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.148 6	Nonpriority creditor's name and mailing address George Robin Hawil 323 VIEWPARK CIRCLE SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.148 7	Nonpriority creditor's name and mailing address George Wendell Glass 2020 CULLIVAN ST LOS ANGELES, CA 90047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.148 8	Nonpriority creditor's name and mailing address George William Capers Iii 6503 EASTLAWN ST OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.148 9	Nonpriority creditor's name and mailing address GEORGINA R HEAROD 215 W MACARTHUR APT #548 OAKLAND, CA 94611 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.149 0	Nonpriority creditor's name and mailing address Georgina R Hearod 215 W MACARTHUR APT #548 OAKLAND, CA 94611 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.149 1	Nonpriority creditor's name and mailing address Geovany Erwin Torres Godinez 2017 NEWTON AVE SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.149 2	Nonpriority creditor's name and mailing address Gerald Baroy Chan 355 PARKVIEW TER UNIT I 1 VALLEJO, CA 94589 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.149 3	Nonpriority creditor's name and mailing address GERALD SENCHEK 3963 3RD STREET, PO BOX 418 WEST PITTSBURG, PA 16160-1616 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

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Name

3.149 4	Nonpriority creditor's name and mailing address GERALDINE ELIZA CABRERA 11212 RAYMOND AVE APT B LOS ANGELES, CA 90044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.149 5	Nonpriority creditor's name and mailing address Geraldine Elizabeth Cabrera 11212 RAYMOND AVE APT B LOS ANGELES, CA 90044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.149 6	Nonpriority creditor's name and mailing address Geraldine Williams 872 E 55th Street Los Angeles, CA 90011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.149 7	Nonpriority creditor's name and mailing address Gerardo Corrales 946 W BRAZIL ST COMPTON, CA 90220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.149 8	Nonpriority creditor's name and mailing address GERARDO VILLASENOR AYALA 500 HARMONY LN SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.149 9	Nonpriority creditor's name and mailing address Gerardo Villasenor Ayala 500 HARMONY LN SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

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Name

3.150 0	Nonpriority creditor's name and mailing address GERMA YAYIH 220 NW 184TH ST SHORELINE, WA 98177 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.150 1	Nonpriority creditor's name and mailing address GERMAN ALCIDES AGUILAR MEJIA 1737 NORANDA DR APT 3 SUNNYVALE, CA 94087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.150 2	Nonpriority creditor's name and mailing address German Alcides Aguilar Mejia 1737 NORANDA DR APT 3 SUNNYVALE, CA 94087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.150 3	Nonpriority creditor's name and mailing address GERONE DARIN COLE 3978 SEASELL CT DISCOVERY BAY, CA 94505 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.150 4	Nonpriority creditor's name and mailing address Gerone Darin Cole 3978 SEASELL CT DISCOVERY BAY, CA 94505 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.150 5	Nonpriority creditor's name and mailing address GERRY GORDON 1012 109TH ST CT E 72 TACOMA, WA 98445 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.150 6	Nonpriority creditor's name and mailing address Gersson Paolo Martell 1843 FOREST CT MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.150 7	Nonpriority creditor's name and mailing address GETENET MULUGETA 9061 SEWARD PARK AVE S 344 SEATTLE, WA 98118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.150 8	Nonpriority creditor's name and mailing address Gholam Reza Shafazand 17203 DEER PARK RD LOS GATOS, CA 95032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.150 9	Nonpriority creditor's name and mailing address Gibson Cassidy Falepouono 559 OAKSIDE AVENUE APT C REDWOOD CITY, CA 94063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.151 0	Nonpriority creditor's name and mailing address Gilbert David Reyes 417 EAST FRANKLIN AVENUE EL SEGUNDO, CA 90245 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.151 1	Nonpriority creditor's name and mailing address Gilberto Angel Landa 332 W HILLCREST BLV INGLEWOOD, CA 90301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor A-1 Express Delivery Service, Inc.		Case number (if known) 17-52865
<small>Name</small>		
<div>3.151 2</div>	Nonpriority creditor's name and mailing address GILBERTO G LOPEZ LUA 240 S 163RD PL BURIEN, WA 98148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.151 3</div>	Nonpriority creditor's name and mailing address Gina Marie Ricci 632 EASTVIEW WAY REDWOOD CITY, CA 94062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.151 4</div>	Nonpriority creditor's name and mailing address Gina Whitson 956 CASTLEWOOD DRIVE APT 3 LOS GATOS, CA 95032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.151 5</div>	Nonpriority creditor's name and mailing address Gino Lazaro Peynado 270 GATEWAY DR PACIFICA, CA 94044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.151 6</div>	Nonpriority creditor's name and mailing address GISELE TROIE-MENDOZA 50 WEST EDMUNDSON AVE APT 8 MORGAN HILL, CA 95037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.151 7</div>	Nonpriority creditor's name and mailing address Gisele Troie-Mendoza 50 WEST EDMUNDSON AVE APT 8 MORGAN HILL, CA 95037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Name

3.151 8	Nonpriority creditor's name and mailing address Giselle Baizas 5720 SAGEWELL WAY SAN JOSE, CA 95138 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.151 9	Nonpriority creditor's name and mailing address GISSETTE ANNDERHERZ 5327 VILLAGE PARK DRIVE APT. 2142 BELLEVUE, WA 98006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.152 0	Nonpriority creditor's name and mailing address GIULIANO FINAMORE 3700 SW 328TH PL FEDERAL WAY, WA 98023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.152 1	Nonpriority creditor's name and mailing address GLADYS MARITZA HERNANDEZ 2211 WEST AVE 136TH ST SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.152 2	Nonpriority creditor's name and mailing address Gladys Maritza Hernandez 2211 WEST AVE 136TH ST SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.152 3	Nonpriority creditor's name and mailing address Glen Cubillo 15047 NORTON ST SAN LEANDRO, CA 94579 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.152 4	Nonpriority creditor's name and mailing address Glenn Garcia 1321 LEONARD DR SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.152 5	Nonpriority creditor's name and mailing address GlobalTranz PO Box 71730 Phoenix, AZ 85050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,543.76
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3.152 6	Nonpriority creditor's name and mailing address GLORINDA KATRIN WINSOR 983 HELEN AVE APT 4 SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.152 7	Nonpriority creditor's name and mailing address Glorinda Katrina Winsor 983 HELEN AVE APT 4 SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.152 8	Nonpriority creditor's name and mailing address GLYNNIS ROY 18666 REDMOND WAY APT II2065 REDMOND, WA 98052 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.152 9	Nonpriority creditor's name and mailing address Go Getter PO Box 552 West Sacramento, CA 95691 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,239.63
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3.153 0	Nonpriority creditor's name and mailing address Gold Rush Express Delivery PO Box 549 San Jose, CA 95106-0549 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,423.40
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3.153 1	Nonpriority creditor's name and mailing address GONATHAN YANN 6744 SIGNAL PEAK CT STOCKTON, CA 95210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.153 2	Nonpriority creditor's name and mailing address Gonathan Yann 6744 SIGNAL PEAK CT STOCKTON, CA 95210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.153 3	Nonpriority creditor's name and mailing address GONDA LAPONI 20910 39TH WAY S APT D203 DES MOINES, WA 98198 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.153 4	Nonpriority creditor's name and mailing address GOPALAKRISHNAN KRISHNAN NAIR 142 ARLA DR PITTSBURGH, PA 15220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.153 5	Nonpriority creditor's name and mailing address Grace Mei Ling Teo 287 WOODCREEK TER FREMONT, CA 94539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.153 6	Nonpriority creditor's name and mailing address Graeme Castro 4823 ST ELMO DR LOS ANGELES, CA 90019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.153 7	Nonpriority creditor's name and mailing address Greg Schmitt 1580 Tennessee Street San Francisco, CA 94107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.153 8	Nonpriority creditor's name and mailing address GREGG MURRAY 1366 ROSE AVE LOS ANGELES, CA 90291 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.153 9	Nonpriority creditor's name and mailing address Gregg Murray 1366 ROSE AVE LOS ANGELES, CA 90291 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.154 0	Nonpriority creditor's name and mailing address Gregorio Rodriguez 9941 B ST APT A OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.154 1	Nonpriority creditor's name and mailing address GREGORY EARL HOLMAN 700 W LAUREL ST H220 COMPTON, CA 90220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

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Name

3.154 2	Nonpriority creditor's name and mailing address Gregory Earl Holman 700 W LAUREL ST H220 COMPTON, CA 90220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.154 3	Nonpriority creditor's name and mailing address GREGORY FISHERKELLER 23340 13TH AVE SE BOTHELL, WA 98021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.154 4	Nonpriority creditor's name and mailing address Gregory M Calabretta 7 WAKEFIELD CT BELMONT, CA 94002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.154 5	Nonpriority creditor's name and mailing address Gregory Michael Garcia 980 MAGNOLIA AVE APT 316 LOS ANGELES, CA 90006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.154 6	Nonpriority creditor's name and mailing address GREGORY MOORE JR 515 MCMASTERS AVE TURTLE CREEK, PA 15145 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.154 7	Nonpriority creditor's name and mailing address GREGORY P SCHMIDT 82 LOWER ROAD PITTSBURGH, PA 15215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<small>Name</small>		
<div>3.154 8</div>	Nonpriority creditor's name and mailing address Gregory Surigao 50 Edgemont Way Oakland, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.154 9</div>	Nonpriority creditor's name and mailing address GUADALUPE C VARGAS LOPEZ 323 W VIRGINIA ST SAN JOSE, CA 95110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.155 0</div>	Nonpriority creditor's name and mailing address Guadalupe C Vargas Lopez 323 W VIRGINIA ST SAN JOSE, CA 95110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.155 1</div>	Nonpriority creditor's name and mailing address Guadalupe Richard Fuentes Rosas 2738 KOLLMAR DR SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.155 2</div>	Nonpriority creditor's name and mailing address Gucake Iosefo Rabosea 29083 Mission Blvd Rm Hayward, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.155 3</div>	Nonpriority creditor's name and mailing address Guillermo Barrios 2651 VISTA VERDE DR SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.155 4	Nonpriority creditor's name and mailing address Guillermo Wilfredo Hernandez Jr 3340 SAN BRUNO AVE APT 4 SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.155 5	Nonpriority creditor's name and mailing address Gurdeep Singh 11852 Fellows Ave San Fernando, CA 91340 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.155 6	Nonpriority creditor's name and mailing address Gurmej Singh 4200 THE WOODS DR APT #507 SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.155 7	Nonpriority creditor's name and mailing address Gurmit Singh Kang 639 BRANHAM LN SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.155 8	Nonpriority creditor's name and mailing address GURPREET SIDHU 14118 53RD AVE S TUKWILA, WA 98168 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.155 9	Nonpriority creditor's name and mailing address Gurpreet Singh 4425 BIDWELL DR #1206 FREMONT, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.156 0</div>	Nonpriority creditor's name and mailing address GUSSA LOKE 12118 HWY 99 G202 EVERETT, WA 98204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.156 1</div>	Nonpriority creditor's name and mailing address Guy Eugene Alford 13613 LEMOLI AVE APT 219 HAWTHORNE, CA 90250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.156 2</div>	Nonpriority creditor's name and mailing address Guy Eugene Partin 1024 W 227TH ST TORRANCE, CA 90502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.156 3</div>	Nonpriority creditor's name and mailing address Guy Lau 120 SARATOGA AVENUE #86 SANTA CLARA, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.156 4</div>	Nonpriority creditor's name and mailing address HABTAMU TSEGA MENGISTIE 380 NORTHLAKE DR APT 19 SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.156 5</div>	Nonpriority creditor's name and mailing address Habtamu Tsega Mengistie 380 NORTHLAKE DR APT 19 SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

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Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.156 6</div>	Nonpriority creditor's name and mailing address Hai Huang 801 S WINCHESTER BLVD #1209 SAN JOSE, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.156 7</div>	Nonpriority creditor's name and mailing address HAILEE HINDS 7510 S HALDALE AVE LOS ANGELES, CA 90047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.156 8</div>	Nonpriority creditor's name and mailing address Hailee Hinds 7510 S HALDALE AVE LOS ANGELES, CA 90047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.156 9</div>	Nonpriority creditor's name and mailing address HAITHAM ABDULLA JASIM 3848 BARKER DR APT #3 SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.157 0</div>	Nonpriority creditor's name and mailing address Haitham Abdulla Jasim 3848 BARKER DR APT #3 SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.157 1</div>	Nonpriority creditor's name and mailing address Haitham Elias Shaheen 562 BLAIRBURY WAY SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.** Case number (if known) **17-52865**
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3.157
2 Nonpriority creditor's name and mailing address **Halls Atlanta**
630 Angier Ave, NE
Atlanta, GA 30308
Date(s) debt was incurred ____
Last 4 digits of account number ____
As of the petition filing date, the claim is: *Check all that apply.* **\$724.55**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: ____
Is the claim subject to offset? ☒ No ☐ Yes

3.157
3 Nonpriority creditor's name and mailing address **Hamed Ghafari**
1515 west st apt 16
Concord, CA 94521
Date(s) debt was incurred ____
Last 4 digits of account number ____
As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**
☒ Contingent
☒ Unliquidated
☒ Disputed
Basis for the claim: **Class List**
Is the claim subject to offset? ☒ No ☐ Yes

3.157
4 Nonpriority creditor's name and mailing address **HAMIDREZA MAJIDI**
1642 LEXINGTON ST APT 5
SANTA CLARA, CA 95050
Date(s) debt was incurred ____
Last 4 digits of account number ____
As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**
☒ Contingent
☒ Unliquidated
☒ Disputed
Basis for the claim: **6 mo term**
Is the claim subject to offset? ☒ No ☐ Yes

3.157
5 Nonpriority creditor's name and mailing address **Hamidreza Majidi**
1642 LEXINGTON ST APT 5
SANTA CLARA, CA 95050
Date(s) debt was incurred ____
Last 4 digits of account number ____
As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**
☒ Contingent
☒ Unliquidated
☒ Disputed
Basis for the claim: **Class List**
Is the claim subject to offset? ☒ No ☐ Yes

3.157
6 Nonpriority creditor's name and mailing address **Hamidullah Jamal**
20928 WILBEAM AVE APT 44
CASTRO VALLEY, CA 94546
Date(s) debt was incurred ____
Last 4 digits of account number ____
As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**
☒ Contingent
☒ Unliquidated
☒ Disputed
Basis for the claim: **Class List**
Is the claim subject to offset? ☒ No ☐ Yes

3.157
7 Nonpriority creditor's name and mailing address **HAMSE YUSUF**
8414 MLK JR WAY S
SEATTLE, WA 98118
Date(s) debt was incurred ____
Last 4 digits of account number ____
As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**
☒ Contingent
☒ Unliquidated
☒ Disputed
Basis for the claim: **6 mo term**
Is the claim subject to offset? ☒ No ☐ Yes

Debtor A-1 Express Delivery Service, Inc.		Case number (if known) 17-52865
<small>Name</small>		
3.157 8	Nonpriority creditor's name and mailing address Hamza Mohammad Mohammad 2513 GALLUP DR SANTA CLARA, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.157 9	Nonpriority creditor's name and mailing address HAMZA SAYIDI 7910 RAINIER AVE S 205 SEATTLE, WA 98118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.158 0	Nonpriority creditor's name and mailing address HAMZA WALUPUPU 1515 38TH AVE APT #5 OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.158 1	Nonpriority creditor's name and mailing address Hamza Walupupu 1515 38TH AVE APT #5 OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.158 2	Nonpriority creditor's name and mailing address Han Ming Hsu 4517 VIA LA PAZ UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.158 3	Nonpriority creditor's name and mailing address Han Ngoc Ho 2532 COCONUT DR SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

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Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.158 4</div>	Nonpriority creditor's name and mailing address Hanh Thi My Do 3167 OAKGATE WAY SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.158 5</div>	Nonpriority creditor's name and mailing address HANK MAMERTO YACAT 401 JOAQUIN AVE APT #3 SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.158 6</div>	Nonpriority creditor's name and mailing address Hank Mamerto Yacat 401 JOAQUIN AVE APT #3 SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.158 7</div>	Nonpriority creditor's name and mailing address Hannah Louise Zulueta 46722 CRAWFORD ST 6 FREMONT, CA 94539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.158 8</div>	Nonpriority creditor's name and mailing address Hannah Wright 13949 DOOLITTLE DRIVE APT 115 SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.158 9</div>	Nonpriority creditor's name and mailing address HANS FLEURIMONT 14508 W THORNE LANE LAKEWOOD, WA 98498 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.159 0	Nonpriority creditor's name and mailing address HARDEEP SINGH GILL 409 GEMMA DR MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.159 1	Nonpriority creditor's name and mailing address Hardeep Singh Gill 409 GEMMA DR MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.159 2	Nonpriority creditor's name and mailing address Harinder Batra 358 ALIDA WAY #21 SOUTH SAN FRANCISCO, CA 94080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.159 3	Nonpriority creditor's name and mailing address Hariqbal Singh 39626 WALL COMMON FREMONT, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.159 4	Nonpriority creditor's name and mailing address HARMIT S LIDHRAN 2396 CENTRAL RD EVERSON, WA 98247 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.159 5	Nonpriority creditor's name and mailing address Harold J Villanueva 3054 DAVID AVE APT #8 SAN JOSE, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.159 6	Nonpriority creditor's name and mailing address HARRY ANTHONY WILLIAMS III 346 105TH AVE APT I OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.159 7	Nonpriority creditor's name and mailing address Harry Anthony Williams III 346 105TH AVE APT I OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.159 8	Nonpriority creditor's name and mailing address HARRY M HUNKE III 9320 161ST STREET COURT E PUYALLUP, WA 98375 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.159 9	Nonpriority creditor's name and mailing address Harsh Kumar 4909 ASHWORTH ST LAKEWOOD, CA 90712 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.160 0	Nonpriority creditor's name and mailing address Harvin Thomas Lawrence Camacho 1515 ALTA GLEN DR APT 11 SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.160 1	Nonpriority creditor's name and mailing address HASSAMI BAGA 2503 MIRAMAR AVE APT 221 CASTRO VALLEY, CA 94546 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Name	Case number (if known)	17-52865
3.160 2	Nonpriority creditor's name and mailing address Hassami Baga 2503 MIRAMAR AVE APT 221 CASTRO VALLEY, CA 94546 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.160 3	Nonpriority creditor's name and mailing address HASSAN ABDINUR 3726 S 180TH ST APT E101 SEATAC, WA 98188 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.160 4	Nonpriority creditor's name and mailing address HASSAN MOHAMUD 2616 SOUTH 224 ST APT A304 DES MOINES, WA 98198 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.160 5	Nonpriority creditor's name and mailing address HAYMUUN ADEN 3913 SE 280 PL KENT, WA 98042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.160 6	Nonpriority creditor's name and mailing address HealthEx Courier 35 Powerhouse Rd Roslyn Heights, NY 11577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,510.19
3.160 7	Nonpriority creditor's name and mailing address Heather Joan Leighton 38660 LEXINGTON ST APT 601 FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.160 8	Nonpriority creditor's name and mailing address Hector Miguel Gonzalez 689 WYANDOTTE AVE DALY CITY, CA 94014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.160 9	Nonpriority creditor's name and mailing address Helen Voong 3616 TUNIS AVE SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.161 0	Nonpriority creditor's name and mailing address Hendry Halim 48823 SUMMIT VIEW FREMONT, CA 94539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.161 1	Nonpriority creditor's name and mailing address HENOCK ABAYNEH 14727 BOTHELL WAY NE 27 SHORELINE, WA 98155 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.161 2	Nonpriority creditor's name and mailing address Henri James Valley Picardo 37950 FREMONT BLVD APT 11 FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.161 3	Nonpriority creditor's name and mailing address Henri Juhani Wu Pietila 1222 SUSAN WAY SUNNYVALE, CA 94087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.161 4</div>	Nonpriority creditor's name and mailing address HENRY BOLAR 140 23RD AVE S UNIT 301 SEATTLE, WA 98144 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.161 5</div>	Nonpriority creditor's name and mailing address Henry Eduard Keydeniers 1320 LEXINGTON DR APT 5 SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.161 6</div>	Nonpriority creditor's name and mailing address Henry Elijah Bartley Jr 44710 DIVISION STREET APT # 804 LANCASTER, CA 93535 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.161 7</div>	Nonpriority creditor's name and mailing address Henry Hoang 535 PENETENCIA ST APT#1 MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.161 8</div>	Nonpriority creditor's name and mailing address Henry Hoanghai Tran 705 SIRICA WAY SAN JOSE, CA 95138 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.161 9</div>	Nonpriority creditor's name and mailing address Henry Pineda Cajucom 3287 LANGHORN DR FREMONT, CA 94555 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

3.162 0	Nonpriority creditor's name and mailing address HENRY YAN CHIN HO 31 BEATRICE LN #1 SAN FRANCISCO, CA 94124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.162 1	Nonpriority creditor's name and mailing address Henry Yan Chin Ho 31 BEATRICE LN #1 SAN FRANCISCO, CA 94124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.162 2	Nonpriority creditor's name and mailing address Herman Hiu Nam Li 1039 DOUGLAS CT SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.162 3	Nonpriority creditor's name and mailing address HERMAN HOWARD WILSON JR 3726 S 180TH ST E-301 SEATAC, WA 98188 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.162 4	Nonpriority creditor's name and mailing address Hi Chan Huynh 270 UMBARGER RD SPC 66 SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.162 5	Nonpriority creditor's name and mailing address Hieu Ngoc Tran 3118 WHITEROSE COURT SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.162 6	Nonpriority creditor's name and mailing address Hilda Amalia Valencia 410 N WHITE RD APT 1104 SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.162 7	Nonpriority creditor's name and mailing address Hilda Blanco 732 E PARK WAY INGLEWOOD, CA 90302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.162 8	Nonpriority creditor's name and mailing address HIRAD SAJADI HIRADSAJADI@GMAIL.COM SEATTLE, WA 98104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.162 9	Nonpriority creditor's name and mailing address Hiram Granados 27804 BALDWIN ST HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.163 0	Nonpriority creditor's name and mailing address HireRight PO Box 847891 Dallas, TX 75284-7891 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$635.00</u>
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3.163 1	Nonpriority creditor's name and mailing address Hirpa Ayane Tulu 360 MERIDIAN AVE APT 233 SAN JOSE, CA 95126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.163 2</div>	Nonpriority creditor's name and mailing address HOA A DUONG 1626 12TH AVE APT B OAKLAND, CA 94606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.163 3</div>	Nonpriority creditor's name and mailing address Hoa A Duong 1626 12TH AVE APT B OAKLAND, CA 94606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.163 4</div>	Nonpriority creditor's name and mailing address Hoa Duc Huynh 900 GOLDEN WHEEL PARK DRIVE SPACE 86 SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.163 5</div>	Nonpriority creditor's name and mailing address Hoa Thanh Nguyen 800 HILLSDALE AVE #527 SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.163 6</div>	Nonpriority creditor's name and mailing address HONG THI KIM HO 439 N 8TH ST APT D SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.163 7</div>	Nonpriority creditor's name and mailing address Hong Thi Kim Ho 439 N 8TH ST APT D SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.163 8	Nonpriority creditor's name and mailing address Hot Shot PO Box 701189 Houston, TX 77270 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,369.10
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3.163 9	Nonpriority creditor's name and mailing address Hugo Banda 1126 EAST ADAMS BLVD APT 4 LOS ANGELES, CA 90011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.164 0	Nonpriority creditor's name and mailing address Humberto Hernandez 6605 PLASKA AVE HUNTINGTON PARK, CA 90255 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.164 1	Nonpriority creditor's name and mailing address HUMPHREY OMAGHO ABESON JR 1776 PANDA WAY APT 108 HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.164 2	Nonpriority creditor's name and mailing address Humphrey Omaghomi Abeson Jr 1776 PANDA WAY APT 108 HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.164 3	Nonpriority creditor's name and mailing address Hung Nguyen Dang 668 N 4TH ST SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.164 4	Nonpriority creditor's name and mailing address HUNG SY BUI 1341 OLD ROSE PL SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.164 5	Nonpriority creditor's name and mailing address Hung Sy Bui 1341 OLD ROSE PL SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.164 6	Nonpriority creditor's name and mailing address Hung Tuan Luu 360 Los Encinos ct San Jose, CA 95134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.164 7	Nonpriority creditor's name and mailing address HURRE IBRAHIM 18439 MILITARY RD S TUKWILA, WA 98168 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.164 8	Nonpriority creditor's name and mailing address HUSSEIN FARAH 12344 14TH AVE SEATTLE, WA 98125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.164 9	Nonpriority creditor's name and mailing address Hussein Hammoud 461 ZATON AVE SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

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3.165 0	Nonpriority creditor's name and mailing address HUSSEIN SHEGOW 2402 S MORGAN ST SEATTLE, WA 98108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.165 1	Nonpriority creditor's name and mailing address HUY HA PHONG PHAM 4016 KANSAS ST APT C OAKLAND, CA 94619 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.165 2	Nonpriority creditor's name and mailing address Huy Ha Phong Pham 4016 KANSAS ST APT C OAKLAND, CA 94619 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.165 3	Nonpriority creditor's name and mailing address HYAKUB EDWARD HERRING JR PO BX 1194 ALAMEDA, CA 94501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.165 4	Nonpriority creditor's name and mailing address Hyakub Edward Herring Jr PO BX 1194 ALAMEDA, CA 94501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.165 5	Nonpriority creditor's name and mailing address IGOR RUSU 1109 IDLEWOOD DR SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

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3.165 6	Nonpriority creditor's name and mailing address Igor Rusu 1109 IDLEWOOD DR SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.165 7	Nonpriority creditor's name and mailing address Ilisha Marie Latimore-Cosey 1170 ELGIN ST SAN LORENZO, CA 94580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.165 8	Nonpriority creditor's name and mailing address IIX Insurance Information Exch 1716 Briarcrest Drive Suite 200 Bryan, TX 77802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$26.20
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3.165 9	Nonpriority creditor's name and mailing address Ikechukwu Akajiobi 531 RIDGEWAY LANE LA HABRA, CA 90631 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.166 0	Nonpriority creditor's name and mailing address Ileanna Angelina Vilorio 4065 PERLITA AVE APT A LOS ANGELES, CA 90039 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.166 1	Nonpriority creditor's name and mailing address ILEISHA MONE HAYES 654 26TH ST OAKLAND, CA 94612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.166 2	Nonpriority creditor's name and mailing address Ileisha Mone Hayes 654 26TH ST OAKLAND, CA 94612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.166 3	Nonpriority creditor's name and mailing address Imani Shepel Shuttleworth-Derrick 1140 MARTIN LUTHER KING DR HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.166 4	Nonpriority creditor's name and mailing address Imran Inayat 2346 AGUA VISTA DR SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.166 5	Nonpriority creditor's name and mailing address Indira Mercado 168 DELTA 1 SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.166 6	Nonpriority creditor's name and mailing address Ineisha Ro Shae Mccray 270 E O'KEEFE ST #C E PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.166 7	Nonpriority creditor's name and mailing address Infinisource PO Box 889 Coldwater, MI 49036-0889 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$132.00

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3.166 8	Nonpriority creditor's name and mailing address Instant Delivery 103 Johnson Street E Syracuse, NY 13057 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$458.80
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3.166 9	Nonpriority creditor's name and mailing address IntelliQuick Delivery PO Box 34964 Phoenix, AZ 85067 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$937.08
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3.167 0	Nonpriority creditor's name and mailing address Iraj Farzad 1671 HAMILTON AVE APT 37 SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.167 1	Nonpriority creditor's name and mailing address Iraj Hashemitaheri 1301 ANTWERP LANE SAN JOSE, CA 95118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.167 2	Nonpriority creditor's name and mailing address Irene Elacre Eugenio 766 Moscow st San Francisco, CA 94112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.167 3	Nonpriority creditor's name and mailing address Irene Taylor 133 S ALEXANDRIA AVE LOS ANGELES, CA 90004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.167 4	Nonpriority creditor's name and mailing address Irene Virginia Taylor-White 183 Rey St San Francisco, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.167 5	Nonpriority creditor's name and mailing address Irvin Armando Zuniga Rojas SR 37171 SYCAMORE ST NEWARK, CA 94560 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.167 6	Nonpriority creditor's name and mailing address IRVING HERNANDEZ 2823 IOWA AVE SOUTH GATE, CA 90280 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.167 7	Nonpriority creditor's name and mailing address Irving Hernandez 2823 IOWA AVE SOUTH GATE, CA 90280 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.167 8	Nonpriority creditor's name and mailing address Isabelo Aldip Revadavia Jr 650 BUCKWHEAT COURT APT 6307 HAYWARD, CA 94014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.167 9	Nonpriority creditor's name and mailing address Isaiah Anthony Rodriguez 1727 DE MARIETTA AVE APT 3 SAN JOSE, CA 95126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

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3.168 0	Nonpriority creditor's name and mailing address ISAIAH FREEMAN 13606 CERISE AVE HAWTHORNE, CA 90250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.168 1	Nonpriority creditor's name and mailing address Isaiah Freeman 13606 CERISE AVE HAWTHORNE, CA 90250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.168 2	Nonpriority creditor's name and mailing address ISAIAH JORDAN TAYLOR-TERRY 4810 FAIRFAX AVE APT D OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.168 3	Nonpriority creditor's name and mailing address Isaiah Jordan Taylor-Terry 4810 FAIRFAX AVE APT D OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.168 4	Nonpriority creditor's name and mailing address Isaiah Samson Revestir 2846 RAINWOOD CT SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.168 5	Nonpriority creditor's name and mailing address ISAIAH SHAKIR WALLACE 2309 POTRERO CT PINOLE, CA 94564 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.168 6	Nonpriority creditor's name and mailing address Isaiah Shakir Wallace 2309 POTRERO CT PINOLE, CA 94564 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.168 7	Nonpriority creditor's name and mailing address Isiah Jones Jr 4328 LEIMERT BLVD LOS ANGELES, CA 90008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.168 8	Nonpriority creditor's name and mailing address Isileli Fakalata 267 TERMINAL ST MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.168 9	Nonpriority creditor's name and mailing address ISMAIL AHMED 9440 27TH AVE SW B102 SEATTLE, WA 98126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.169 0	Nonpriority creditor's name and mailing address ISMAIL J FARAH 3240 S 180TH ST APT 53 SEATAC, WA 98188 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.169 1	Nonpriority creditor's name and mailing address ISRAEL AUGUSTIN JIMENEZ 251 SAN MARCO AVE APT 4 SAN BRUNO, CA 94066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.169 2	Nonpriority creditor's name and mailing address Israel Augustin Jimenez 251 SAN MARCO AVE APT 4 SAN BRUNO, CA 94066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.169 3	Nonpriority creditor's name and mailing address ISRAEL BLAS 958 KENWOOD ST INGLEWOOD, CA 90301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.169 4	Nonpriority creditor's name and mailing address Israel Blas 958 KENWOOD ST INGLEWOOD, CA 90301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.169 5	Nonpriority creditor's name and mailing address IYESHA MICHELLE LEE 3501 SAN PABLO AVE APT 437 OAKLAND, CA 94608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.169 6	Nonpriority creditor's name and mailing address Iyesha Michelle Lee 3501 SAN PABLO AVE APT 437 OAKLAND, CA 94608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.169 7	Nonpriority creditor's name and mailing address JACK DOYLE 1710 UNION ST ALAMEDA, CA 94501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor A-1 Express Delivery Service, Inc.		Case number (if known) 17-52865
<small>Name</small>		
<div>3.169 8</div>	Nonpriority creditor's name and mailing address Jack Doyle 1710 UNION ST ALAMEDA, CA 94501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.169 9</div>	Nonpriority creditor's name and mailing address JACK FULMORE JR 1021 JONES AVE BRADDOCK, PA 15104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.170 0</div>	Nonpriority creditor's name and mailing address Jackielou Bayari 2723 RIVERRUN DR SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.170 1</div>	Nonpriority creditor's name and mailing address Jackson Duong 4907 CALLE DE ESCUELA SANTA CLARA, CA 95054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.170 2</div>	Nonpriority creditor's name and mailing address Jacky Ri Hui Huang 149 Mariposa Ave Daly City, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.170 3</div>	Nonpriority creditor's name and mailing address Jacob Baptista 5304 BELLAS ARTES CIRCLE SAN RAMON, CA 94582 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.170 4	Nonpriority creditor's name and mailing address Jacob Eli Sleep 327 TRENTON WAY MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.170 5	Nonpriority creditor's name and mailing address Jacob James Gehmert 1610 N NORMANDIC AVE #308 LOS ANGELES, CA 90027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.170 6	Nonpriority creditor's name and mailing address JACOB LOUIE FRANKLIN 1174 BAYARD DR SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.170 7	Nonpriority creditor's name and mailing address Jacob Louie Franklin 1174 BAYARD DR SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.170 8	Nonpriority creditor's name and mailing address JACOB MATTHEW GARNER 873 LEWIS AVE SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.170 9	Nonpriority creditor's name and mailing address Jacob Matthew Garner 873 LEWIS AVE SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor A-1 Express Delivery Service, Inc.		Case number (if known) 17-52865
<small>Name</small>		
<div>3.171 0</div>	Nonpriority creditor's name and mailing address Jacob Mitchell Gann PO BOX 5682 SANTA CRUZ, CA 95063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.171 1</div>	Nonpriority creditor's name and mailing address JACOB PORTER 27 DEER RUN COURT NEW CUMBERLAND, WV 26047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.171 2</div>	Nonpriority creditor's name and mailing address Jacqueline Washington 29009 DIXON ST APT 6 HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.171 3</div>	Nonpriority creditor's name and mailing address Jacqunisha Willinisha Smith 1515 E BIANCHI RD APT 608 STOCKTON, CA 95210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.171 4</div>	Nonpriority creditor's name and mailing address JAE PIL RO 1550 TECHNOLOGY DR APT 2082 SAN JOSE, CA 95110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.171 5</div>	Nonpriority creditor's name and mailing address Jae Pil Ro 1550 TECHNOLOGY DR APT 2082 SAN JOSE, CA 95110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.171 6</div>	Nonpriority creditor's name and mailing address JAFAR ALI 12225 OCCIDENTAL AVE S SEATTLE, WA 98168 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.171 7</div>	Nonpriority creditor's name and mailing address Jagmit Singh Josan 1760 Halford Avenue #158 Santa Clara, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.171 8</div>	Nonpriority creditor's name and mailing address Jagtar Singh Sanghera 43225 VALIANT DR CHANTILLY, VA 20152 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.171 9</div>	Nonpriority creditor's name and mailing address Jaime Chavez V 828 MORSE AVE #55 SUNNYVALE, CA 94085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.172 0</div>	Nonpriority creditor's name and mailing address JAIME GONZALEZ 14404 CHADRON AVE HAWTHORNE, CA 90250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.172 1</div>	Nonpriority creditor's name and mailing address Jaime Gonzalez 14404 CHADRON AVE HAWTHORNE, CA 90250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

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Name

3.172 2	Nonpriority creditor's name and mailing address Jaime Medina 1216 N NEW HAMPSHIRE AVE APT 5 LOS ANGELES, CA 90029 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.172 3	Nonpriority creditor's name and mailing address Jairo Armando Romero 5811 LOVELAND ST APT E BELL GARDENS, CA 90201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.172 4	Nonpriority creditor's name and mailing address JAKENDA ANITA WILLIAMS 1106 ALPINE AVE MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.172 5	Nonpriority creditor's name and mailing address Jakenda Anita Williams 1106 ALPINE AVE MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.172 6	Nonpriority creditor's name and mailing address Jalen Rehawn Lawson 756 EAST TAYLOR ST SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.172 7	Nonpriority creditor's name and mailing address Jalil Nazmjo 3188 MOORPARK AVE SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Name	Case number (if known)	17-52865
3.172 8	Nonpriority creditor's name and mailing address JAMAL JEYLANI 5025 PUGET BLVD SW SEATTLE, WA 98106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.172 9	Nonpriority creditor's name and mailing address Jamal Lavell Miller 435 HAIGHT AVE ALAMEDA, CA 94501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.173 0	Nonpriority creditor's name and mailing address Jamar Kyle Smithe 8727 D ST OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.173 1	Nonpriority creditor's name and mailing address JAMARR POILET SMITH 1542 SHAFTER AVE APT B SAN FRANCISCO, CA 94124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.173 2	Nonpriority creditor's name and mailing address Jamarr Poilet Smith 1542 SHAFTER AVE APT B SAN FRANCISCO, CA 94124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.173 3	Nonpriority creditor's name and mailing address Jameel Rizwan Hussain 11808 TURTLE SPRINGS LANE PORTER RANCH, CA 91326 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.173 4	<p>Nonpriority creditor's name and mailing address</p> <p>JAMEL DINGLE 415 W 128TH ST 2 NEW YORK, NY 10027</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>6 mo term</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
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3.173 5	<p>Nonpriority creditor's name and mailing address</p> <p>JAMES CARTER JEFFERSON 155 BURBANK ST HAYWARD, CA 94541</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>6 mo term</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
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3.173 6	<p>Nonpriority creditor's name and mailing address</p> <p>James Carter Jefferson 155 BURBANK ST HAYWARD, CA 94541</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Class List</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
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3.173 7	<p>Nonpriority creditor's name and mailing address</p> <p>James Charles Rego 22242 QUEEN ST CASTRO VALLEY, CA 94546</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Class List</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
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3.173 8	<p>Nonpriority creditor's name and mailing address</p> <p>JAMES CHEATHAM 134 SHANNON HIGHTS DR VERONA, PA 15147</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>6 mo term</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
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3.173 9	<p>Nonpriority creditor's name and mailing address</p> <p>James Clark 155 NANTUCKET LN APT 155 VALLEJO, CA 94590</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Class List</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.174 0	Nonpriority creditor's name and mailing address James Cortez 2019 FOXWORTHY AVE SAN JOSE, CA 95124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.174 1	Nonpriority creditor's name and mailing address JAMES DUY DAO 1214 CLAYBURN LN SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.174 2	Nonpriority creditor's name and mailing address James Duy Dao 1214 CLAYBURN LN SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.174 3	Nonpriority creditor's name and mailing address James Edward Belton 912 TEAKWOOD CT APT 2 LOS GATOS, CA 95032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.174 4	Nonpriority creditor's name and mailing address James Evans Po Box 60203 Sunnyvale, CA 94088 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.174 5	Nonpriority creditor's name and mailing address James Graston 1645 SALISBURY SAN JOSE, CA 95124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.174 6	Nonpriority creditor's name and mailing address JAMES HALL 110 NORMAN DR PITTSBURGH, PA 15108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.174 7	Nonpriority creditor's name and mailing address JAMES JEAN-BAPTISTE 107-46 90TH STREET OZONE PARK, NY 11417 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.174 8	Nonpriority creditor's name and mailing address JAMES JORDAN BLIESNER 5034 117TH AVE SE BELLEVUE, WA 98006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.174 9	Nonpriority creditor's name and mailing address James Manriquez II 2643 YERBA VISTA CT SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.175 0	Nonpriority creditor's name and mailing address James Marcus Goulden 169 BENDER CIRCLE MORGAN HILL, CA 95037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.175 1	Nonpriority creditor's name and mailing address James Marcus Turner 4523 LE CONTE CIRCLE ANTIOCH, CA 94531 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.175 2	Nonpriority creditor's name and mailing address JAMES MICHAEL CANNON 1605 THE STRAND AVE SAN JOSE, CA 95120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.175 3	Nonpriority creditor's name and mailing address James Michael Cannon 1605 THE STRAND AVE SAN JOSE, CA 95120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.175 4	Nonpriority creditor's name and mailing address James Nicholas Vinyard 5043 LE MICCINE TER SAN JOSE, CA 95129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.175 5	Nonpriority creditor's name and mailing address JAMES OSCAR THOMAS 23633 SCHULTIES RD LOS GATOS, CA 95033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.175 6	Nonpriority creditor's name and mailing address James Oscar Thomas 23633 SCHULTIES RD LOS GATOS, CA 95033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.175 7	Nonpriority creditor's name and mailing address JAMES PRESTRIDGE 4126 37TH AVE SW SEATTLE, WA 98126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.175 8	Nonpriority creditor's name and mailing address JAMES QUANG PHA NGUYEN 3065 MELCHESTER DR SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.175 9	Nonpriority creditor's name and mailing address James Quang Phan Nguyen 3065 MELCHESTER DR SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.176 0	Nonpriority creditor's name and mailing address JAMES ROBERT HESSINGER 2240 TAMIE LANE SAN JOSE, CA 95130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.176 1	Nonpriority creditor's name and mailing address James Robert Hessinger 2240 TAMIE LANE SAN JOSE, CA 95130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.176 2	Nonpriority creditor's name and mailing address JAMES SANDS 2239 MIDTOWN SQUARE PITTSBURGH, PA 15219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.176 3	Nonpriority creditor's name and mailing address JAMES VU 3776 ROUEN CT SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc.	Case number (if known)	17-52865
Name			

3.176 4	Nonpriority creditor's name and mailing address James Vu 3776 ROUEN CT SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.176 5	Nonpriority creditor's name and mailing address James Wanjohi Kahenya 834 DOYLE ROAD SAN JOSE, CA 95129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.176 6	Nonpriority creditor's name and mailing address JAMES WILLIAM VEJVODA SADDLE BROOK, 114 SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.176 7	Nonpriority creditor's name and mailing address James William Vejvoda SADDLE BROOK, 114 SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.176 8	Nonpriority creditor's name and mailing address JAMIE NEHRENBURG 985 MARVIEW AVE APT 5 LOS ANGELES, CA 90012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.176 9	Nonpriority creditor's name and mailing address JAMIE WOLFE 1174 FOREST AVE PITTSBURGH, PA 15236 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.177 0	Nonpriority creditor's name and mailing address JAMIKA LATRICE PROCTOR-WATTS 638 21ST APT 315 OAKLAND, CA 94612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.177 1	Nonpriority creditor's name and mailing address Jamika Latrice Proctor-Watts 638 21ST APT 315 OAKLAND, CA 94612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.177 2	Nonpriority creditor's name and mailing address JAMIL OCTAVIO JOHNSON-BENNETT 4839 STATE COURT RICHMOND, CA 94804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.177 3	Nonpriority creditor's name and mailing address Jamil Octavio Johnson-Bennett 4839 STATE COURT RICHMOND, CA 94804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.177 4	Nonpriority creditor's name and mailing address Jamila Brantley 3120 SAN ANDREAS DR UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.177 5	Nonpriority creditor's name and mailing address JAMILL LAMAR SPARROW 3629 BROWNSVILLE RD APT 2 PITTSBURGH, PA 15227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.177 6</div>	Nonpriority creditor's name and mailing address Jan Clement Zacarias Olidan 1371 LASSEN AVE MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.177 7</div>	Nonpriority creditor's name and mailing address Jan Marc Oropesa Enriquez 101 W MOLTKE ST DALY CITY, CA 94014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.177 8</div>	Nonpriority creditor's name and mailing address Jan Ron Palmiery Tolentino 658 KODIAK CT APT 4 SAN JOSE, CA 94087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.177 9</div>	Nonpriority creditor's name and mailing address JANAYA NICOLE GILKEY 2820 CROSSMILL COURT SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.178 0</div>	Nonpriority creditor's name and mailing address Janaya Nicole Gilkey 2820 CROSSMILL COURT SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.178 1</div>	Nonpriority creditor's name and mailing address JANCIN ROBINSON 120 ERSKINE PL 225 BRONX, NY 10475 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.178 2	Nonpriority creditor's name and mailing address Janelle Lynn Rodricks 853 COMMODORE #421 SAN BRUNO, CA 94066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.178 3	Nonpriority creditor's name and mailing address Janet Williams 4162 DON MARIANO DRIVE LOS ANGELES, CA 90008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.178 4	Nonpriority creditor's name and mailing address JANICE G DUNCAN 1880 N CAPITOL AVE APT 321 SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.178 5	Nonpriority creditor's name and mailing address Janice G Duncan 1880 N CAPITOL AVE APT 321 SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.178 6	Nonpriority creditor's name and mailing address Janjo Cruz Mangalindan 895 NORTH BAYSHORE ROAD WEST SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.178 7	Nonpriority creditor's name and mailing address JARED SUTTON 16061 SE 173RD ST RENTON, WA 98058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

3.178 8	Nonpriority creditor's name and mailing address Jarod Justin Holmes 1900 CALIFORNIA ST APT 21 MOUNTAIN VIEW, CA 94040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.178 9	Nonpriority creditor's name and mailing address Jaroslava Popova 1539 7TH AVE SAN FRANCISCO, CA 94121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.179 0	Nonpriority creditor's name and mailing address Jasmine Gomez 52 DEARBORN STREET 52 SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.179 1	Nonpriority creditor's name and mailing address JASMINE INES ROSADO 254 W 154 STREET APT 4C NEW YORK, NY 10039 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.179 2	Nonpriority creditor's name and mailing address JASMINE JAMILA MILLER 1475 167TH AVE APT 52 SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.179 3	Nonpriority creditor's name and mailing address Jasmine Jamila Miller 1475 167TH AVE APT 52 SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Name	Case number (if known)	17-52865
3.179 4	Nonpriority creditor's name and mailing address JASMINE MARIA RODRIGUEZ 20646 BLOSSOM COMMON HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.179 5	Nonpriority creditor's name and mailing address Jasmine Maria Rodriguez 20646 BLOSSOM COMMON HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.179 6	Nonpriority creditor's name and mailing address Jasmine Yazareth Delcid 14726 GREVILLIA AVE LAWNDALE, CA 90260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.179 7	Nonpriority creditor's name and mailing address Jason Adam Freedman 1019 S CURSON AVE LOS ANGELES, CA 90019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.179 8	Nonpriority creditor's name and mailing address JASON CHRISTOPH FAILLA 7220 DUMAS PL NEWARK, CA 94560 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.179 9	Nonpriority creditor's name and mailing address Jason Christopher Failla 7220 DUMAS PL NEWARK, CA 94560 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor A-1 Express Delivery Service, Inc.		Case number (if known) 17-52865
<small>Name</small>		
<div>3.180 0</div>	Nonpriority creditor's name and mailing address JASON DARNELL ROBINSON 214 LOVERIDGE CIRCLE PITTSBURG, CA 94565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.180 1</div>	Nonpriority creditor's name and mailing address Jason Darnell Robinson 214 LOVERIDGE CIRCLE PITTSBURG, CA 94565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.180 2</div>	Nonpriority creditor's name and mailing address Jason David Perez 1003 FOXCHASE DR SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.180 3</div>	Nonpriority creditor's name and mailing address Jason Ernest Cabral 2881 ARMSTEAD CT SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.180 4</div>	Nonpriority creditor's name and mailing address JASON FOON LEE 59 CYMBIDIUM CIRCLE S SAN FRANCISCO, CA 94080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.180 5</div>	Nonpriority creditor's name and mailing address Jason Foon Lee 59 CYMBIDIUM CIRCLE S SAN FRANCISCO, CA 94080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor A-1 Express Delivery Service, Inc.		Case number (if known) 17-52865
<small>Name</small>		
<div>3.180 6</div>	Nonpriority creditor's name and mailing address Jason Gancedo 3114 LOWELL AVE LOS ANGELES, CA 90032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.180 7</div>	Nonpriority creditor's name and mailing address JASON ISAAC LEVINE 250 WEST EL CAMINO REAL #6100 SUNNYVALE, CA 94087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.180 8</div>	Nonpriority creditor's name and mailing address Jason Isaac Levine 250 WEST EL CAMINO REAL #6100 SUNNYVALE, CA 94087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.180 9</div>	Nonpriority creditor's name and mailing address Jason Jerome Mcgehee 793 S TRACY BLVD UNIT 159 TRACY, CA 95376 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.181 0</div>	Nonpriority creditor's name and mailing address Jason Kalid Noorzai 4920 CHISM WAY ANTIOCH, CA 94531 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.181 1</div>	Nonpriority creditor's name and mailing address Jason Lee Sumpter 890 HAYES ST SAN FRANCISCO, CA 94117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Name	Case number (if known)	17-52865
3.181 2	Nonpriority creditor's name and mailing address Jason Luc 3204 PARKHAVEN DR SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.181 3	Nonpriority creditor's name and mailing address Jason Matthew Marrero 1900 NICE DRIVE #201 CORONA, CA 92882 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.181 4	Nonpriority creditor's name and mailing address JASON PAUL CORNELIUS 720 N 10TH ST STE A 264 RENTON, WA 98057 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.181 5	Nonpriority creditor's name and mailing address JASON PEREZ 1003 FOXCHASE DR SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.181 6	Nonpriority creditor's name and mailing address Jason S Poon 950 Linden Ave #212 Sunnyvale, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.181 7	Nonpriority creditor's name and mailing address JASON TIN HUYNH 2538 HURAN COURT SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.181 8	Nonpriority creditor's name and mailing address Jason Tin Huynh 2538 HURAN COURT SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.181 9	Nonpriority creditor's name and mailing address JASON TODD 3090 LOS PRADOS ST APT 17 SAN MATEO, CA 94403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.182 0	Nonpriority creditor's name and mailing address Jason Todd 3090 LOS PRADOS ST APT 17 SAN MATEO, CA 94403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.182 1	Nonpriority creditor's name and mailing address JASPER OLYMPIO 1451 COMPTON DRIVE MABLETON, GA 30126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.182 2	Nonpriority creditor's name and mailing address JATINDER PAL SINGH 25200 SANTA CLARA ST APT 242 HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.182 3	Nonpriority creditor's name and mailing address Jatinder Pal Singh 25200 SANTA CLARA ST APT 242 HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

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Name

3.182 4	Nonpriority creditor's name and mailing address Jatinder Singh 25200 SANTA CLARA ST APT 242 HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.182 5	Nonpriority creditor's name and mailing address JAUREL PAYABYAB JULAO 11 EDINBURGH ST SAN FRANCISCO, CA 94112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.182 6	Nonpriority creditor's name and mailing address Jaurel Payabyab Julao 11 EDINBURGH ST SAN FRANCISCO, CA 94112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.182 7	Nonpriority creditor's name and mailing address Java Leon Bacot 1362 64th ave Oakland, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.182 8	Nonpriority creditor's name and mailing address JAVANTE WATSON 12519 SE 216TH ST KENT, WA 98031 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.182 9	Nonpriority creditor's name and mailing address Javier Chavez Salas 1981 TATE ST APT #B301 EAST PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Name	Case number (if known)	17-52865
3.183 0	Nonpriority creditor's name and mailing address JAVIER LOPEZ URENDA 4011 DARWIN DR FREMONT, CA 94555 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.183 1	Nonpriority creditor's name and mailing address Javier Lopez Urenda 4011 DARWIN DR FREMONT, CA 94555 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.183 2	Nonpriority creditor's name and mailing address Javier Villanueva 805 SAN VERON AVE MOUNTAIN VIEW, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.183 3	Nonpriority creditor's name and mailing address JAVIS MICHAEL ABREGANO 1142 ZURICH COURT SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.183 4	Nonpriority creditor's name and mailing address Javis Michael Abregano 1142 ZURICH COURT SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.183 5	Nonpriority creditor's name and mailing address Jay Edward Mitchell 1435 KIM CT APT 2 CAMPBELL, CA 95008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
<hr/>			
3.183 6	Nonpriority creditor's name and mailing address JAY KATOFISKY 725 LITTLE FOOT DR FREMONT, CA 94539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.183 7	Nonpriority creditor's name and mailing address Jay Katofsky 725 LITTLE FOOT DR FREMONT, CA 94539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.183 8	Nonpriority creditor's name and mailing address Jay Young Kim 3585 Sandpebble Dr San Jose, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.183 9	Nonpriority creditor's name and mailing address Jayne Renee Hutchins P O BOX 2311 ANTIOCH, CA 94531 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.184 0	Nonpriority creditor's name and mailing address Jaymie Alan Rekdahl 1737 REDWOOD AVE REDWOOD CITY, CA 94061 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.184 1	Nonpriority creditor's name and mailing address JAYVON VANPELT 1033 60TH ST APT 2 OAKLAND, CA 94608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.184 2</div>	Nonpriority creditor's name and mailing address Jayvon Vanpelt 1033 60TH ST APT 2 OAKLAND, CA 94608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.184 3</div>	Nonpriority creditor's name and mailing address JAZMINE PAIGE HERNANDEZ 460 E 147 ST 2B BRONX, NY 10455 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.184 4</div>	Nonpriority creditor's name and mailing address JAZMINE SHANDAL EWING 5905 MAURITANIA AVE APT 4 OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.184 5</div>	Nonpriority creditor's name and mailing address Jazmine Shandal Ewing 5905 MAURITANIA AVE APT 4 OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.184 6</div>	Nonpriority creditor's name and mailing address JEAN BERNARD 1565 NOSTRAND AVE 5H BROOKLYN, NY 11226 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.184 7</div>	Nonpriority creditor's name and mailing address JEANETE MALDONADO 917 W HYDE PARK BLVD SUITE 105 INGLEWOOD, CA 95131-1730 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

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3.184 8	Nonpriority creditor's name and mailing address Jeanete Maldonado 917 W HYDE PARK BLVD SUITE 105 INGLEWOOD, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.184 9	Nonpriority creditor's name and mailing address Jeanette Leah Davis 714 VARSIL PL SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.185 0	Nonpriority creditor's name and mailing address JEANETTE VILLALOBOS 338 E 82 ST LOS ANGELES, CA 90003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.185 1	Nonpriority creditor's name and mailing address Jeanette Villalobos 338 E 82 ST LOS ANGELES, CA 90003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.185 2	Nonpriority creditor's name and mailing address Jeannette Estelle Oguinn 2915 N TEXAS ST APT 115 FAIRFIELD, CA 94533 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.185 3	Nonpriority creditor's name and mailing address Jeff Lung Chen 38780 HUNTINGTON CIR FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.185 4	Nonpriority creditor's name and mailing address Jeff M Zaklit 1179 W 11TH ST APT 7 SAN PEDRO, CA 90731 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.185 5	Nonpriority creditor's name and mailing address JEFFERY DEAKINGS 1129 MELLON STREET PITTSBURGH, PA 15206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.185 6	Nonpriority creditor's name and mailing address Jeffery Wade Jr 258 LANSING WAY HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.185 7	Nonpriority creditor's name and mailing address Jeffrey Allen Stevenson 1151 PECOS WAY SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.185 8	Nonpriority creditor's name and mailing address JEFFREY BELTRAN 423 GALAXY CT MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.185 9	Nonpriority creditor's name and mailing address Jeffrey Briscoe 771 clark way Palo Alto, CA 94304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.186 0	Nonpriority creditor's name and mailing address JEFFREY JAMES HARTUNG 1798 STARLITE DR MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.186 1	Nonpriority creditor's name and mailing address Jeffrey James Hartung 1798 STARLITE DR MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.186 2	Nonpriority creditor's name and mailing address Jeffrey John Dauz Beltran 423 GALAXY CT MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.186 3	Nonpriority creditor's name and mailing address JEFFREY LEE ROWLAND 1510 AWALT COURT LOS ALTOS, CA 94024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.186 4	Nonpriority creditor's name and mailing address Jeffrey Lee Rowland 1510 AWALT COURT LOS ALTOS, CA 94024 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.186 5	Nonpriority creditor's name and mailing address JEFFREY LYONS 6418 HAWTHORNE ST LANDOVER, MD 20785 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.186 6	Nonpriority creditor's name and mailing address Jeffrey Macabeo Encarnacion 2845 CORDA DRIVE SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.186 7	Nonpriority creditor's name and mailing address JEFFREY MICHAEL YOUNGBLOOD 846 LAKEWOOD DR. SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.186 8	Nonpriority creditor's name and mailing address Jeffrey Michael Youngblood 846 LAKEWOOD DR. SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.186 9	Nonpriority creditor's name and mailing address Jeffrey Tellez 219 ALBION AVENUE APT #3 SAN LORENZO, CA 94580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.187 0	Nonpriority creditor's name and mailing address Jeffrey Welte Jones 7486 BRIGHTON CT DUBLIN, CA 94568 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.187 1	Nonpriority creditor's name and mailing address JEFFY TARUC SIMON 66 GREENTREE WAY MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.187 2</div>	Nonpriority creditor's name and mailing address Jeffy Taruc Simon 66 GREENTREE WAY MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.187 3</div>	Nonpriority creditor's name and mailing address Jena Gillin 3433 LEIGH AVE SAN JOSE, CA 95124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.187 4</div>	Nonpriority creditor's name and mailing address JENAYA FRA CATO 24230 SILVA AVE APT 29 HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.187 5</div>	Nonpriority creditor's name and mailing address Jenaya Fra Cato 24230 SILVA AVE APT 29 HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.187 6</div>	Nonpriority creditor's name and mailing address JENE MARIE CRAVANAS 1629 CAVALLO RD APT D ANTIOCH, CA 94509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.187 7</div>	Nonpriority creditor's name and mailing address Jene Marie Cravanas 1629 CAVALLO RD APT D ANTIOCH, CA 94509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.187 8</div>	Nonpriority creditor's name and mailing address Jennifer Anne Fisser 489 SNYDER AVE SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.187 9</div>	Nonpriority creditor's name and mailing address JENNIFER BARAJAS 4229 W 102ND ST INGLEWOOD, CA 90304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.188 0</div>	Nonpriority creditor's name and mailing address Jennifer Barajas 4229 W 102ND ST INGLEWOOD, CA 90304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.188 1</div>	Nonpriority creditor's name and mailing address JENNIFER HALL 124 KISSICK LN FREEMPORT, PA 16229 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.188 2</div>	Nonpriority creditor's name and mailing address Jennifer McDonald 1553 PROVINCETOWN DR SAN JOSE, CA 95129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.188 3</div>	Nonpriority creditor's name and mailing address JENNIFER RUTH MOSS 501 W 189TH ST APT 3 NEW YORK, NY 10040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

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3.188 4	Nonpriority creditor's name and mailing address JENNIFER TAN 6110 181ST PL SW LYNNWOOD, WA 98037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.188 5	Nonpriority creditor's name and mailing address Jenny Mercedes Jimenez 2517 LOGSDEN WAY SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.188 6	Nonpriority creditor's name and mailing address Jerahmeel Lemuel Blanco 29149 SUNRISE CT HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.188 7	Nonpriority creditor's name and mailing address JEREMIAH AKINI CHARLES 172 WEST 130TH ST APT 5B NEW YORK, NY 10027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.188 8	Nonpriority creditor's name and mailing address JEREMIAH BYRON CLAUSS 2104 LA TERRACE CIRCLE SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes
3.188 9	Nonpriority creditor's name and mailing address Jeremiah Byron Clauss 2104 LA TERRACE CIRCLE SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes

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3.189
0 Nonpriority creditor's name and mailing address **JEREMIAH JOHN STUDEBAKER**
1315 GORDON ST
VALLEJO, CA 94590
Date(s) debt was incurred ____
Last 4 digits of account number ____
As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **6 mo term**
Is the claim subject to offset? ☒ No ☐ Yes

3.189
1 Nonpriority creditor's name and mailing address **Jeremiah John Studebaker**
1315 GORDON ST
VALLEJO, CA 94590
Date(s) debt was incurred ____
Last 4 digits of account number ____
As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Class List**
Is the claim subject to offset? ☒ No ☐ Yes

3.189
2 Nonpriority creditor's name and mailing address **Jeremie Fontanilla Aldana**
518 PENTENCIA ST 3
MILPITAS, CA 95035
Date(s) debt was incurred ____
Last 4 digits of account number ____
As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Class List**
Is the claim subject to offset? ☒ No ☐ Yes

3.189
3 Nonpriority creditor's name and mailing address **Jeremy Active**
3427 KETTMANN RD
SAN JOSE, CA 95121
Date(s) debt was incurred ____
Last 4 digits of account number ____
As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Class List**
Is the claim subject to offset? ☒ No ☐ Yes

3.189
4 Nonpriority creditor's name and mailing address **Jeremy David Coatney**
1236 PEACH COURT
SAN JOSE, CA 95116
Date(s) debt was incurred ____
Last 4 digits of account number ____
As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Class List**
Is the claim subject to offset? ☒ No ☐ Yes

3.189
5 Nonpriority creditor's name and mailing address **JEREMY LUCAS SOUZA**
65 MARIAN LANE
SAN JOSE, CA 95127-9512
Date(s) debt was incurred ____
Last 4 digits of account number ____
As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **6 mo term**
Is the claim subject to offset? ☒ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

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Name

3.189 6	Nonpriority creditor's name and mailing address Jeremy Lucas Souza 65 MARIAN LANE SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.189 7	Nonpriority creditor's name and mailing address Jeremy Richard Lopez 94 POAS CIR SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.189 8	Nonpriority creditor's name and mailing address JEREMY SMITH 23634 129TH AVE SE KENT, WA 98031 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.189 9	Nonpriority creditor's name and mailing address Jeremy Vincent Di Salvo 460 DIXON DR MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.190 0	Nonpriority creditor's name and mailing address JEREMY WILLIAM SCHULTZ 53 CLEAVES AVE SAN JOSE, CA 95126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.190 1	Nonpriority creditor's name and mailing address Jeremy William Schultz 53 CLEAVES AVE SAN JOSE, CA 95126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.190 2	Nonpriority creditor's name and mailing address Jericho Ganado Tottoc 569 PARK JOHNSON PL SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.190 3	Nonpriority creditor's name and mailing address Jerico Elijah Cruz Galuego 2656 GREAT ARBOR WAY UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.190 4	Nonpriority creditor's name and mailing address Jeries Bahu 700 PRONTO DR SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.190 5	Nonpriority creditor's name and mailing address Jermiah Lakapi Sao 2359 PENTLAND WAY SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.190 6	Nonpriority creditor's name and mailing address Jerold Keith Bacon 1055 LAKEVIEW DRIVE HILLSBOROUGH, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.190 7	Nonpriority creditor's name and mailing address Jerome Bright 510 ARGONAUT AVE SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.190 8	Nonpriority creditor's name and mailing address JEROME LEROY FINLEY 1713 164TH AVE APT 5 SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.190 9	Nonpriority creditor's name and mailing address Jerome Leroy Finley 1713 164TH AVE APT 5 SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.191 0	Nonpriority creditor's name and mailing address Jerome Pinkney 5816 WARING AVENUE 102 LOS ANGELES, CA 90038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.191 1	Nonpriority creditor's name and mailing address JEROME WARTHEN 4079 W 142ND ST APT E HAWTHORNE, CA 90250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.191 2	Nonpriority creditor's name and mailing address Jerome Warthen 4079 W 142ND ST APT E HAWTHORNE, CA 90250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.191 3	Nonpriority creditor's name and mailing address JERROLD FORD JR 2128 FLORIDA AVE RICHMOND, CA 94804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.191 4</div>	Nonpriority creditor's name and mailing address Jerrold Ford Jr 2128 FLORIDA AVE RICHMOND, CA 94804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.191 5</div>	Nonpriority creditor's name and mailing address JERRY CHARLOT 88-35 162ST 3H JAMAICA, NY 11432 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.191 6</div>	Nonpriority creditor's name and mailing address Jerry David Candelaria 934 ADAMS ST ALBANY, CA 94706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.191 7</div>	Nonpriority creditor's name and mailing address Jerry Kim 3751 W 6TH ST #76227 LOS ANGELES, CA 90076 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.191 8</div>	Nonpriority creditor's name and mailing address Jerry Obi 1461 NAVY ST SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.191 9</div>	Nonpriority creditor's name and mailing address Jerry Toan Pham 270 UMBARGER RD SPC 6 SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

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3.192 0	Nonpriority creditor's name and mailing address Jersey Shore Courier Service 501 Prospect St Unit 90 Lakewood, NJ 08701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,200.00
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3.192 1	Nonpriority creditor's name and mailing address Jerum Polloso 555 WASHINGTON AVENUE SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.192 2	Nonpriority creditor's name and mailing address Jesse Anthony Montes 3519 WELLINGTON RD LOS ANGELES, CA 90016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.192 3	Nonpriority creditor's name and mailing address Jesse Anthony Quiroz 3443 MCKINLEY AVE LOS ANGELES, CA 90011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.192 4	Nonpriority creditor's name and mailing address JESSE BAUER 692 FLORIDA AVE APT A MOUNT LEBANON, PA 15228 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.192 5	Nonpriority creditor's name and mailing address Jesse Edgar Diaz 1920 W 41ST ST LOS ANGELES, CA 90062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.192 6	Nonpriority creditor's name and mailing address JESSE JOHN AVILES 336 N CHAPEL AVE APT J ALHAMBRA, CA 91801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.192 7	Nonpriority creditor's name and mailing address Jesse John Aviles 336 N CHAPEL AVE APT J ALHAMBRA, CA 91801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.192 8	Nonpriority creditor's name and mailing address Jesse Montoya 483 BIXBY DR MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.192 9	Nonpriority creditor's name and mailing address JESSICA CIENA BRAVO 2340 ORLANDO DRIVE SAN JOSE, CA 95122-9512 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.193 0	Nonpriority creditor's name and mailing address Jessica Ciena Bravo 2340 ORLANDO DRIVE SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.193 1	Nonpriority creditor's name and mailing address JESSICA E ALLEN 494 63RD ST APT 1 OAKLAND, CA 94609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.193 2	Nonpriority creditor's name and mailing address Jessica E Allen 494 63RD ST APT 1 OAKLAND, CA 94609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.193 3	Nonpriority creditor's name and mailing address Jessica Hernandez Berrios 225 BOCANA ST SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.193 4	Nonpriority creditor's name and mailing address JESSICA LARKIN 8106 19TH AVE NE A MARYSVILLE, WA 98271 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.193 5	Nonpriority creditor's name and mailing address Jessica Mai Thanh Nguyen 525 TIROL CT MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.193 6	Nonpriority creditor's name and mailing address JESSICA MARTINEZ 691 W SAN CARLOS ST SAN JOSE, CA 95126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.193 7	Nonpriority creditor's name and mailing address Jessica Martinez 691 W SAN CARLOS ST SAN JOSE, CA 95126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.193
8 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

Jessica Sanchez Garcia
564 TROY DR APT 2
SAN JOSE, CA 95117

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.193
9 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

JESSICA TORRES ZAMBRANO
73 LAMMERHAVEN CT
SAN JOSE, CA 95111

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

3.194
0 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

Jessica Torres Zambrano
73 LAMMERHAVEN CT
SAN JOSE, CA 95111

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.194
1 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

Jessie Postremo Gumban
142 PLYMOUTH CIR
DALY CITY, CA 94015

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.194
2 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

JESUS ADRIAN BALLOTE-BURGOS
515 FILLMORE ST
SAN FRANCISCO, CA 94117

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

3.194
3 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

Jesus Adrian Ballote-Burgos
515 FILLMORE ST
SAN FRANCISCO, CA 94117

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.194 4</div>	Nonpriority creditor's name and mailing address Jesus C Mejia 1249 HOPKINS DR SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.194 5</div>	Nonpriority creditor's name and mailing address Jesus Carvente Quinto PO BOX 40221 LONG BEACH, CA 90804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.194 6</div>	Nonpriority creditor's name and mailing address JESUS DE LA CRUZ 2723 WEBB AVE 1-G BRONX, NY 10468 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.194 7</div>	Nonpriority creditor's name and mailing address Jesus Grimaldo 14016 YUKON AVE HAWTHORNE, CA 90250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.194 8</div>	Nonpriority creditor's name and mailing address JESUS LUNA JR 121 BIRCH LANE SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.194 9</div>	Nonpriority creditor's name and mailing address Jesus Manuel Romero Duarte 2782 FOLSOM STREET #3 SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.195 0	Nonpriority creditor's name and mailing address Jesus Meza Juarez 2052 OLIVE AVE APT A LONG BEACH, CA 90806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.195 1	Nonpriority creditor's name and mailing address Jesus Uriel Samano Soto 3853 LYMAN RD OAKLAND, CA 94602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.195 2	Nonpriority creditor's name and mailing address JIAN EN ZHENG 1109 GRACE ST SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.195 3	Nonpriority creditor's name and mailing address Jian En Zheng 1109 GRACE ST SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.195 4	Nonpriority creditor's name and mailing address Jianbin Liang 284 ELLINGTON AVE SAN FRANCISCO, CA 94112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.195 5	Nonpriority creditor's name and mailing address JIMMY CAM 919 RUTLAND ST SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.195 6	Nonpriority creditor's name and mailing address Jimmy Cam 919 RUTLAND ST SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.195 7	Nonpriority creditor's name and mailing address Jimmy Dean Scott Jr 979 60TH ST OAKLAND, CA 94608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.195 8	Nonpriority creditor's name and mailing address Jimmy Hieu Cao 2877 Hostetter Rd San Jose, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.195 9	Nonpriority creditor's name and mailing address Jimmy James Sugar 1227 W 39TH ST LOS ANGELES, CA 90037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.196 0	Nonpriority creditor's name and mailing address JIMMY JEFFERSON LOBO ORDONEZ 5522 VIRGINIA AVE APT 1 LOS ANGELES, CA 90038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.196 1	Nonpriority creditor's name and mailing address Jimmy Jefferson Lobo Ordenez 5522 VIRGINIA AVE APT 1 LOS ANGELES, CA 90038 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.196 2	Nonpriority creditor's name and mailing address Jimmy Karoll Sigmon 832 W 134 PLACE COMPTON, CA 90220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.196 3	Nonpriority creditor's name and mailing address JIMMY RIGGINS 7158 TILDEN STREET PITTSBURGH, PA 15206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.196 4	Nonpriority creditor's name and mailing address JoAnn Ray 744 E 85TH STREET LOS ANGELES, CA 90001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.196 5	Nonpriority creditor's name and mailing address Joanna Marie Ebon Magpayo 548 Saint Anton way Hayward, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.196 6	Nonpriority creditor's name and mailing address JOANNA MARIE GA ACALA 34112 VIA LUCCA FREMONT, CA 94555 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.196 7	Nonpriority creditor's name and mailing address Joanna Marie Ga Acala 34112 VIA LUCCA FREMONT, CA 94555 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

3.196
8 Nonpriority creditor's name and mailing address **Jody Ray Mccoy Jr**
1229 OAK HILL CT
PINOLE, CA 94564
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$0.00

- ☒ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.196
9 Nonpriority creditor's name and mailing address **Joe Abraham Murillo Cortes**
2912 SUNWOOD DR
SAN JOSE, CA 95111
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$0.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.197
0 Nonpriority creditor's name and mailing address **Joe Duc Wong**
1372 Trestlewood lane dr
San Jose, CA 95138
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$0.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.197
1 Nonpriority creditor's name and mailing address **Joe Dung Chi Dam**
1267 OXTON DR
SAN JOSE, CA 95121
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$0.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.197
2 Nonpriority creditor's name and mailing address **Joe Ornelas**
2330 PATRICIA DR
SANTA CLARA, CA 95050
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$0.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.197
3 Nonpriority creditor's name and mailing address **JOEL ANTONIO CONTRERAS**
3843 AGNES AVE
LYNWOOD, CA 90262
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$0.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.197 4	Nonpriority creditor's name and mailing address Joel Antonio Contreras 3843 AGNES AVE LYNWOOD, CA 90262 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.197 5	Nonpriority creditor's name and mailing address JOEL BERRY 512 E ST. APT B ANTIOCH, CA 94509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.197 6	Nonpriority creditor's name and mailing address Joel Berry 512 E ST. APT B ANTIOCH, CA 94509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.197 7	Nonpriority creditor's name and mailing address JOEL GUILTY 345 THATFORD AVENUE 2B BROOKLYN, NY 11212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.197 8	Nonpriority creditor's name and mailing address Joey Phuc Cong Nguyen 510 SADDLEBROOK DR SPC# 309 SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.197 9	Nonpriority creditor's name and mailing address Johanna Campos 3972 E. 5th Street Los Angeles, CA 90026 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.198 0	Nonpriority creditor's name and mailing address Johe Altamirano 870 E EL CAMINO REAL APT 160 MOUNTAIN VIEW, CA 94040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.198 1	Nonpriority creditor's name and mailing address JOHN ANTHONY DIAZ 867 MALONE RD SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.198 2	Nonpriority creditor's name and mailing address John Anthony Diaz 867 MALONE RD SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.198 3	Nonpriority creditor's name and mailing address John Anthony Perdomo 16601 KELSLOAN ST VAN NUYS, CA 91406 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.198 4	Nonpriority creditor's name and mailing address John Bang Tran 2630 GLEN FERGUSON CIRCLE SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.198 5	Nonpriority creditor's name and mailing address JOHN CARL TERRAZAS JR 104 GLEN EYRIE AVE APT 5 SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.198 6	Nonpriority creditor's name and mailing address John Carl Terrazas Jr 104 GLEN EYRIE AVE APT 5 SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.198 7	Nonpriority creditor's name and mailing address JOHN CHRISTOPHE HANKS 1702 65TH AVE OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.198 8	Nonpriority creditor's name and mailing address John Christophe Hanks 1702 65TH AVE OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.198 9	Nonpriority creditor's name and mailing address John Constantine Dela Pena 341 CARNEGIE DR MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.199 0	Nonpriority creditor's name and mailing address John Edward Beltran II 10275 EARLANDER ST SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.199 1	Nonpriority creditor's name and mailing address John Ervin Bagby 16180 Marcella st San Leandro, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Name	Case number (if known)	17-52865
3.199 2	Nonpriority creditor's name and mailing address JOHN FRANKLIN 1150 RANCHERO WAY #1 SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.199 3	Nonpriority creditor's name and mailing address JOHN INOCENCIO 22652 BYRON ST HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.199 4	Nonpriority creditor's name and mailing address John Inocencio 22652 BYRON ST HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.199 5	Nonpriority creditor's name and mailing address JOHN JOSEPH ACEDILLO 2761 VALLEYWOOD DR SAN BRUNO, CA 94066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.199 6	Nonpriority creditor's name and mailing address John Joseph Acedillo 2761 VALLEYWOOD DR SAN BRUNO, CA 94066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.199 7	Nonpriority creditor's name and mailing address JOHN KEVIN SYKI NOLASCO 900 HENDERSON AVE SPACE 66 SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.199 8	Nonpriority creditor's name and mailing address John Kevin Sykimte Nolasco 900 HENDERSON AVE SPACE 66 SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.199 9	Nonpriority creditor's name and mailing address JOHN KIM 35739 30TH AVE S FEDERAL WAY, WA 98003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.200 0	Nonpriority creditor's name and mailing address John Lawrence W Schofield 176 JASMINE WAY EAST PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.200 1	Nonpriority creditor's name and mailing address John Le 4504 BISON WAY ANTIOCH, CA 94531 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.200 2	Nonpriority creditor's name and mailing address JOHN LE-NAM DANG 6975 ROCKTON PLACE SAN JOSE, CA 95119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.200 3	Nonpriority creditor's name and mailing address John Le-Nam Dang 6975 ROCKTON PLACE SAN JOSE, CA 95119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.200 4	Nonpriority creditor's name and mailing address John Nels Lindstrom 16 MANZANITA AVE DALY CITY, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.200 5	Nonpriority creditor's name and mailing address John Ortega Chagoya 2509 BLUESTONE CT SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.200 6	Nonpriority creditor's name and mailing address John P Deguzman 43 HEATH ST MILPITAS, CA 95036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.200 7	Nonpriority creditor's name and mailing address John Paul Braga Murillo 22790 OLIVE PL HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.200 8	Nonpriority creditor's name and mailing address John Paul Realon 2555 KOLNES CT SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.200 9	Nonpriority creditor's name and mailing address John Robert Haynes-Brakebill li 21242 MEEKLAND AVE HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.201 0	Nonpriority creditor's name and mailing address JOHN SALVADOR CALDERON PO BOX 24865 SAN JOSE, CA 95154 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.201 1	Nonpriority creditor's name and mailing address John Salvador Calderon PO BOX 24865 SAN JOSE, CA 95154 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.201 2	Nonpriority creditor's name and mailing address JOHN SLIMICK JR 333 HANKEY FARMS DR OAKDALE, PA 15071 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.201 3	Nonpriority creditor's name and mailing address John W Shepherd 13302 BLUE SPRUCE AVE GARDEN GROVE, CA 92840 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.201 4	Nonpriority creditor's name and mailing address John William Spurlock 29004 MIRADA CIRCULO VALENCIA, CA 91354 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.201 5	Nonpriority creditor's name and mailing address Johnathan Talo Ludka 3393 Ivan Way Mountain View, CA 94040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.201 6	Nonpriority creditor's name and mailing address Johnny Lewis Allen Jr 5526 OLANDA ST LYNWOOD, CA 90262 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.201 7	Nonpriority creditor's name and mailing address JOHNNY MORENO 3047 NELSON LN TRACY, CA 95377 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.201 8	Nonpriority creditor's name and mailing address Johnny Moreno 3047 NELSON LN TRACY, CA 95377 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.201 9	Nonpriority creditor's name and mailing address Johnny Ray Florence Jr 1475 FLORIDA AVE SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.202 0	Nonpriority creditor's name and mailing address Johnny Ray Willis 1227 WEST AVE H14 LANCASTER, CA 93534 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.202 1	Nonpriority creditor's name and mailing address Johnny Valdez 928 S FERRIS AVE LOS ANGELES, CA 90022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.202 2	Nonpriority creditor's name and mailing address Johnson Huang 560 HURON AVE SAN FRANCISCO, CA 94112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.202 3	Nonpriority creditor's name and mailing address Jomar Santos Yanos 196 LONETREE CT MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.202 4	Nonpriority creditor's name and mailing address Jon Daniel Croft 299 MELIN AVE BEN LOMOND, CA 95005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.202 5	Nonpriority creditor's name and mailing address Jon Mark Ashe PO BOX 1967 NOVATO, CA 94948 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.202 6	Nonpriority creditor's name and mailing address JONAI FULLARD 817 12TH STREET A13 OAKLAND, CA 94607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.202 7	Nonpriority creditor's name and mailing address Jonai Fullard 817 12TH STREET A13 OAKLAND, CA 94607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.202 8	Nonpriority creditor's name and mailing address Jonathan Antonio Montano 2261 CLINTON AVE APT A ALAMEDA, CA 94501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.202 9	Nonpriority creditor's name and mailing address Jonathan Bonilla 3970 BRIGHTON AVE LOS ANGELES, CA 90062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.203 0	Nonpriority creditor's name and mailing address Jonathan Charles Walker 541 W CAPITOL EXPRESSWAY SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.203 1	Nonpriority creditor's name and mailing address JONATHAN CHAVEZ 1225 VIENNA DR SPACE 127 SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.203 2	Nonpriority creditor's name and mailing address Jonathan Chavez 1225 VIENNA DR SPACE 127 SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.203 3	Nonpriority creditor's name and mailing address JONATHAN DAVIS ROMERO 961 NEIL WAY HAYWARD, CA 94545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc.	Case number (if known)	17-52865
	Name		
3.203 4	Nonpriority creditor's name and mailing address Jonathan Davis Romero 961 NEIL WAY HAYWARD, CA 94545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.203 5	Nonpriority creditor's name and mailing address JONATHAN DOMINGO 4729 S 284TH PL AUBURN, WA 98001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.203 6	Nonpriority creditor's name and mailing address Jonathan Elliot Figueroa 3903 W 119TH PL HAWTHORNE, CA 90250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.203 7	Nonpriority creditor's name and mailing address Jonathan Lam 441 BATAAN CT SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.203 8	Nonpriority creditor's name and mailing address Jonathan Marquis Rodgers 1519 W 123RD ST LOS ANGELES, CA 90047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.203 9	Nonpriority creditor's name and mailing address JONATHAN MENEFEE 537 W 7TH AVE APT 2 HOMESTEAD, PA 15120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.204 0	Nonpriority creditor's name and mailing address Jonathan Montinol Bialoglovski 10466 MILLER AVENUE CUPERTINO, CA 95014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.204 1	Nonpriority creditor's name and mailing address JONATHAN R BLUNT 295 EAST 57TH ST APT 2 LONG BEACH, CA 90805 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.204 2	Nonpriority creditor's name and mailing address Jonathan R Flowers 1214 E 49TH ST LOS ANGELES, CA 90011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.204 3	Nonpriority creditor's name and mailing address Jonathan Raven Banting Silvestre 2264 DENAIR AVE SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.204 4	Nonpriority creditor's name and mailing address Jonathan Richards Blunt 295 EAST 57TH ST APT 2 LONG BEACH, CA 90805 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.204 5	Nonpriority creditor's name and mailing address JONATHAN SANTOS 316 E HYDE PARK APT. 7 INGLEWOOD, CA 90302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.204 6	Nonpriority creditor's name and mailing address Jonathan Santos 316 E HYDE PARK APT. 7 INGLEWOOD, CA 90302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.204 7	Nonpriority creditor's name and mailing address JONESHA MARIE HEMPSTEAD 1633 NEWCOMB AVE SAN FRANCISCO, CA 94124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.204 8	Nonpriority creditor's name and mailing address Jonesha Marie Hempstead 1633 NEWCOMB AVE SAN FRANCISCO, CA 94124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.204 9	Nonpriority creditor's name and mailing address JONETTA LORETTA WILLIAMS 2229 E 24TH ST APT 3 OAKLAND, CA 94606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.205 0	Nonpriority creditor's name and mailing address Jonetta Loretta Williams 2229 E 24TH ST APT 3 OAKLAND, CA 94606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.205 1	Nonpriority creditor's name and mailing address JORDAN BLAKE 304 SOUTH STREET WEST MIFFLIN, PA 15122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.205 2	Nonpriority creditor's name and mailing address Jordan Jayson Tabula 600 EAST WEDDELL DR #132 SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.205 3	Nonpriority creditor's name and mailing address Jordan Kealohapauole Gagne 1066 SUMMERPLACE DR SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.205 4	Nonpriority creditor's name and mailing address JORDAN LEE TRUPPNER 5306 S 3RD AVENUE EVERETT, WA 98203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.205 5	Nonpriority creditor's name and mailing address Jordan Stephan Flores 3120 CHAPMAN ST APT C OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.205 6	Nonpriority creditor's name and mailing address JORGE ALEJANDRO MALDONADO SALAS 1658 ORLANDO DR SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.205 7	Nonpriority creditor's name and mailing address Jorge Alejandro Maldonado Salas 1658 ORLANDO DR SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

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3.205 8	Nonpriority creditor's name and mailing address Jorge Amezcua Anaya 26112 REGAL AVE HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.205 9	Nonpriority creditor's name and mailing address Jorge Chacon 6 SPRUCE AVE APT #1 SOUTH SAN FRANCISCO, CA 94080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.206 0	Nonpriority creditor's name and mailing address Jorge Guerrero 446 E 47TH ST LOS ANGELES, CA 90011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.206 1	Nonpriority creditor's name and mailing address Jorge Huberto Salazar 3026 CRYSTAL CREEK DR SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.206 2	Nonpriority creditor's name and mailing address Jorge Luis Trejo 5257 BORLAND ROAD UNIT D LOS ANGELES, CA 90032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.206 3	Nonpriority creditor's name and mailing address JORGE MORALES 15339 FLORWOOD AVE LAWNDALE, CA 90260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.206 4</div>	Nonpriority creditor's name and mailing address Jorge Morales 15339 FLORWOOD AVE LAWNDALE, CA 90260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.206 5</div>	Nonpriority creditor's name and mailing address Jorge Villalobos 10223 BUFORD AVE APT 11 INGLEWOOD, CA 90304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.206 6</div>	Nonpriority creditor's name and mailing address JORGE VLADIMIR GARCIA 6858 FULTON AVE APT 17 NORTH HOLLYWOOD, CA 91605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.206 7</div>	Nonpriority creditor's name and mailing address Jorge Vladimir Garcia 6858 FULTON AVE APT 17 NORTH HOLLYWOOD, CA 91605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.206 8</div>	Nonpriority creditor's name and mailing address Jose A Garcia 1548 ALMADEN EXPWY APT 302 SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.206 9</div>	Nonpriority creditor's name and mailing address Jose Alberto Rosales Garcia 2868 LONGACRE CT SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

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3.207 0	Nonpriority creditor's name and mailing address Jose Alejandro Calderon Bazurto 178 DELTA ST SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.207 1	Nonpriority creditor's name and mailing address Jose Alexander Herrera 1842 W 49TH ST LOS ANGELES, CA 90062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.207 2	Nonpriority creditor's name and mailing address Jose Angel Briones 4321 LENNOX BLVD INGLEWOOD, CA 90304 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.207 3	Nonpriority creditor's name and mailing address Jose Antonio Jimenez Hernandez Jr 1207 HOPKINS AVE APT 5 REDWOOD CITY, CA 94062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.207 4	Nonpriority creditor's name and mailing address Jose Armando Garcia 1939 JONES AVE LOS ANGELES, CA 90032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.207 5	Nonpriority creditor's name and mailing address Jose De Jesus Flores Santoyo 2036 S HUNTER ST. STOCKTON, CA 95206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.207 6	Nonpriority creditor's name and mailing address Jose De Jesus Loza 11947 ALLIN ST APT 586 CULVER CITY, CA 90230 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.207 7	Nonpriority creditor's name and mailing address Jose De Jesus Quevedo Jr 160 PARK PLACE APT 4 SANTA CRUZ, CA 95060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.207 8	Nonpriority creditor's name and mailing address Jose DeJesus Gonzalez 189 ACACIA STREET SAN JOSE, CA 95110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.207 9	Nonpriority creditor's name and mailing address Jose Enrique Martinez Gatica 282 VELVET LAKE DR SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.208 0	Nonpriority creditor's name and mailing address JOSE ESCOBAR GONZALES 10603 S VAN NESS ST APT 1 INGLEWOOD, CA 90303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.208 1	Nonpriority creditor's name and mailing address Jose Escobar Gonzales 10603 S VAN NESS ST APT 1 INGLEWOOD, CA 90303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
<hr/>			
3.208 2	Nonpriority creditor's name and mailing address JOSE FRANCISCO CERVANTES AGUILAR 1040 CLYDE AVE APT 3 SANTA CLARA, CA 95054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.208 3	Nonpriority creditor's name and mailing address Jose Francisco Cervantes Aguilar 1040 CLYDE AVE APT 3 SANTA CLARA, CA 95054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.208 4	Nonpriority creditor's name and mailing address JOSE G RICO 19983 FOREST AVE APT 15 CASTRO VALLEY, CA 94546 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.208 5	Nonpriority creditor's name and mailing address Jose G Rico 19983 FOREST AVE APT 15 CASTRO VALLEY, CA 94546 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.208 6	Nonpriority creditor's name and mailing address Jose Isaias Garcia Ramirez 200 RANDOLPH ST APT 13 SAN FRANCISCO, CA 94132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.208 7	Nonpriority creditor's name and mailing address JOSE J MONTES DE OCA ACOSTA 2308 SW 333RD ST FEDERAL WAY, WA 98023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor A-1 Express Delivery Service, Inc.		Case number (if known) 17-52865
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<div>3.208 8</div>	Nonpriority creditor's name and mailing address JOSE JUAN GONZALEZ SOTELO 1179 AYALA DR APT D SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.208 9</div>	Nonpriority creditor's name and mailing address Jose Juan Gonzalez Sotelo 1179 AYALA DR APT D SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.209 0</div>	Nonpriority creditor's name and mailing address Jose Luis Cejalanda 1001 S 12TH ST SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.209 1</div>	Nonpriority creditor's name and mailing address Jose Luis Gurrola 861 BIRCH AVE SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.209 2</div>	Nonpriority creditor's name and mailing address Jose Luis Monzon Torres 333 N BERENDO ST #108 LOS ANGELES, CA 90004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.209 3</div>	Nonpriority creditor's name and mailing address Jose Manuel Hernandez 4313 E PALMERSTONE ST COMPTON, CA 90221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.209 4	Nonpriority creditor's name and mailing address JOSE MUNOZ JR 35 UNION AVE APT 23 CAMPBELL, CA 95008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.209 5	Nonpriority creditor's name and mailing address Jose Munoz Jr 35 UNION AVE APT 23 CAMPBELL, CA 95008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.209 6	Nonpriority creditor's name and mailing address JOSE NAVAREZ 555 EAST CARSON STREET APT 43 CARSON, CA 90745 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.209 7	Nonpriority creditor's name and mailing address Jose Navarez 555 EAST CARSON STREET APT 43 CARSON, CA 90745 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.209 8	Nonpriority creditor's name and mailing address Jose Pablo Colmenares 10502 MCNERNEY AVENUE SOUTH GATE, CA 90280 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.209 9	Nonpriority creditor's name and mailing address Jose Ramon Torres 4936 WEWWORLD DR SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.210 0	Nonpriority creditor's name and mailing address Jose Reynaldo Hernandez Perez 55 NEWELL RD APT 103 EAST PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.210 1	Nonpriority creditor's name and mailing address Jose Ricardo Calderon 178 DELTA ST SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.210 2	Nonpriority creditor's name and mailing address Jose Steven Gonzalez 4976 1/2 MARIONWOOD DR APT#21 CULVER CITY, CA 90230 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.210 3	Nonpriority creditor's name and mailing address JOSE TOMAYLLA 4324 W 145TH ST LAWNDALE, CA 90260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.210 4	Nonpriority creditor's name and mailing address Jose Tomaylla 4324 W 145TH ST LAWNDALE, CA 90260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.210 5	Nonpriority creditor's name and mailing address Jose Valencia 230 CARNEGIE DR MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.210 6	Nonpriority creditor's name and mailing address JOSE YAHIR MEZA 473 21ST ST RICHMOND, CA 94801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.210 7	Nonpriority creditor's name and mailing address Jose Yahir Meza 473 21ST ST RICHMOND, CA 94801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.210 8	Nonpriority creditor's name and mailing address JOSEPH ALEXANDE CERVANTES 109 FLORENCE ST SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.210 9	Nonpriority creditor's name and mailing address Joseph Alexander Cervantes 109 FLORENCE ST SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.211 0	Nonpriority creditor's name and mailing address Joseph Bautista 3237 CLIFFORD CIR PLEASANTON, CA 94588 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.211 1	Nonpriority creditor's name and mailing address JOSEPH BERNARD MATTHEWS 71 MINERVA ST SAN FRANCISCO, CA 94112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.211 2	Nonpriority creditor's name and mailing address Joseph Bernard Matthews 71 MINERVA ST SAN FRANCISCO, CA 94112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.211 3	Nonpriority creditor's name and mailing address Joseph Daniel Garber 7643 HOLLANDERRY PL CUPERTINO, CA 95014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.211 4	Nonpriority creditor's name and mailing address Joseph Enzo Dill 3134 MLK JR WAY OAKLAND, CA 94609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.211 5	Nonpriority creditor's name and mailing address JOSEPH FIORE 814 JUSTINE DRIVE PITTSBURGH, PA 15239 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.211 6	Nonpriority creditor's name and mailing address Joseph Gifford 10 9TH AVE APT 203 SAN MATEO, CA 94401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.211 7	Nonpriority creditor's name and mailing address Joseph Lee Rodriguez 11301 WILSHIRE BLVD BLD 209 APT 205 LOS ANGELES, CA 90073 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.211 8	Nonpriority creditor's name and mailing address Joseph Michael Castro 918 NORTH SOLDANO AVE. AZUSA, CA 91702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.211 9	Nonpriority creditor's name and mailing address Joseph Michael Gerosa 4291 26TH ST SAN FRANCISCO, CA 94131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.212 0	Nonpriority creditor's name and mailing address JOSEPH PATTERSON 87 GREENBRIAR DR PITTSBURGH, PA 15220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.212 1	Nonpriority creditor's name and mailing address JOSEPH PAUL CAIANIELLO 1248 LUCILLE STREET SAN LEANDRO, CA 94577-1433 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.212 2	Nonpriority creditor's name and mailing address Joseph Paul Caianiello 1248 LUCILLE STREET SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.212 3	Nonpriority creditor's name and mailing address JOSEPH PAUL SETO 18953 ALMOND RD CASTRO VALLEY, CA 94546 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.212 4</div>	Nonpriority creditor's name and mailing address Joseph Paul Seto 18953 ALMOND RD CASTRO VALLEY, CA 94546 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.212 5</div>	Nonpriority creditor's name and mailing address Joseph Perez 3078 CRATER LN SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.212 6</div>	Nonpriority creditor's name and mailing address JOSEPH PERRY JR 4322 ABRAM DR CONLEY, GA 30288 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.212 7</div>	Nonpriority creditor's name and mailing address JOSEPH PINCHOTTI 49 VERNON DRIVE ALBUQUERQUE, NM 87101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.212 8</div>	Nonpriority creditor's name and mailing address JOSEPH RAMONE ROBINSON 6438 HERZOG ST OAKLAND, CA 94608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.212 9</div>	Nonpriority creditor's name and mailing address Joseph Ramone Robinson 6438 HERZOG ST OAKLAND, CA 94608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.213 0	Nonpriority creditor's name and mailing address Josephine Rosemary Alnajjar 5901 Central Ave Newark, CA 94560 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.213 1	Nonpriority creditor's name and mailing address JOSH WOLFE 506 208TH ST SE BOTHELL, WA 98012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.213 2	Nonpriority creditor's name and mailing address Joshua Aaron Vicente 2665 SPINDRIFT CIRCLE HAYWARD, CA 94545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.213 3	Nonpriority creditor's name and mailing address Joshua Alan Howard-Taylor 601 N MARKET ST B-8 INGLEWOOD, CA 90302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.213 4	Nonpriority creditor's name and mailing address Joshua Albright 718 E 47TH ST APT 718 LOS ANGELES, CA 90011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.213 5	Nonpriority creditor's name and mailing address JOSHUA ALLEN KOLKMANN 15812 INDEPENDENCE AVE LATHROP, CA 95330 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.213 6	Nonpriority creditor's name and mailing address Joshua Allen Kolkman 15812 INDEPENDENCE AVE LATHROP, CA 95330 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.213 7	Nonpriority creditor's name and mailing address JOSHUA ANDREW DUCOTE 1949 WALNUT GROVE AVE SAN JOSE, CA 95126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.213 8	Nonpriority creditor's name and mailing address Joshua Andrew Ducote 1949 WALNUT GROVE AVE SAN JOSE, CA 95126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.213 9	Nonpriority creditor's name and mailing address JOSHUA ANTON DUSAN 2200 CURTNER AVENUE APT 86 CAMPBELL, CA 95008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.214 0	Nonpriority creditor's name and mailing address Joshua Anton Dusan 2200 CURTNER AVENUE APT 86 CAMPBELL, CA 95008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.214 1	Nonpriority creditor's name and mailing address JOSHUA ARP 2507 S 286TH PL APT C301 FEDERAL WAY, WA 98003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<small>Name</small>		
<div>3.214 2</div>	Nonpriority creditor's name and mailing address JOSHUA BOYKIN 49 MEADOW RD BURGETTSTOWN, PA 15021 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.214 3</div>	Nonpriority creditor's name and mailing address Joshua Ebrado Deleon 449 GEMMA DR MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.214 4</div>	Nonpriority creditor's name and mailing address JOSHUA EMALE HATCHER 2056 40TH AVE OAKLAND, CA 94601-9460 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.214 5</div>	Nonpriority creditor's name and mailing address Joshua Emale Hatcher 2056 40TH AVE OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.214 6</div>	Nonpriority creditor's name and mailing address JOSHUA ESAU LOPEZ 651 N 10TH ST APT B SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.214 7</div>	Nonpriority creditor's name and mailing address Joshua Esau Lopez 651 N 10TH ST APT B SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.214 8	Nonpriority creditor's name and mailing address JOSHUA LAVELL RHODES 1213 SWEET PEA DR PATTERSON, CA 95363 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.214 9	Nonpriority creditor's name and mailing address Joshua Lavell Rhodes 1213 SWEET PEA DR PATTERSON, CA 95363 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.215 0	Nonpriority creditor's name and mailing address Joshua Mark Simoes 1111 MORSE AVE #73 SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.215 1	Nonpriority creditor's name and mailing address Joshua McCain 530 BAILWAY AVENUE 828 CAMPBELL, CA 95008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.215 2	Nonpriority creditor's name and mailing address JOSHUA MICHAEL FRANCIA 501 MINERVA STREET HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.215 3	Nonpriority creditor's name and mailing address Joshua Michael Francia 501 MINERVA STREET HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

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Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.215 4</div>	Nonpriority creditor's name and mailing address Joshua Minh Nghiem 4040 HIDDEN VALLEY LN SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.215 5</div>	Nonpriority creditor's name and mailing address JOSHUA SABATEN SIAPNO 15501 OCEANSIDE WAY SAN LEANDRO, CA 94579 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.215 6</div>	Nonpriority creditor's name and mailing address JOSHUA SHEETS 620 S CENTRAL AVENUE CANONSBURG, PA 15317 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.215 7</div>	Nonpriority creditor's name and mailing address Joshua Shelby Damon Jones 100 9TH ST APT 117 OAKLAND, CA 94607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.215 8</div>	Nonpriority creditor's name and mailing address JOSHUA T MCLACHLAN 125 BUSS LANE SAXONBURG, PA 16056 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.215 9</div>	Nonpriority creditor's name and mailing address JOSHUA VICTOR M WOOD 29375 TAYLOR AVE HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.216 0	Nonpriority creditor's name and mailing address Joshua Victor Martin Wood 29375 TAYLOR AVE HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.216 1	Nonpriority creditor's name and mailing address JOSHUA WITTMER 304 SHOREHAM RD ALLISON PARK, PA 15101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.216 2	Nonpriority creditor's name and mailing address JOSHUAH L BURGER 4703 S 309TH ST AUBURN, WA 98001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.216 3	Nonpriority creditor's name and mailing address JOSUE FRANCISCO RAMOS 1318 HOPE DR APT 202 SANTA CLARA, CA 95054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.216 4	Nonpriority creditor's name and mailing address Josue Francisco Ramos 1318 HOPE DR APT 202 SANTA CLARA, CA 95054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.216 5	Nonpriority creditor's name and mailing address JOSUE HERNANDEZ 56 LOIS LN SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

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3.216 6	Nonpriority creditor's name and mailing address Josue Hernandez 56 LOIS LN SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.216 7	Nonpriority creditor's name and mailing address JOSUE ISAAC CAMPOS IRAHETA 1560 SIERRA CREEK WAY SAN JOSE, CA 95132-9513 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.216 8	Nonpriority creditor's name and mailing address Josue Isaac Campos Iraheta 1560 SIERRA CREEK WAY SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.216 9	Nonpriority creditor's name and mailing address JOSUE ZAMBRANO 1357 ELM AVE APT 8 LONG BEACH, CA 90813 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.217 0	Nonpriority creditor's name and mailing address Josue Zambrano 1357 ELM AVE APT 8 LONG BEACH, CA 90813 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.217 1	Nonpriority creditor's name and mailing address JOUN APRIM BINYAMIN 5320 WONG CT APT 243 SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor A-1 Express Delivery Service, Inc.		Case number (if known) 17-52865
<small>Name</small>		
<div>3.217 2</div>	Nonpriority creditor's name and mailing address Joun Aprim Binyamin 5320 WONG CT APT 243 SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.217 3</div>	Nonpriority creditor's name and mailing address JOVAN ROBERT ALVAREZ-ALABA 720 MUSCADET CT LOS BANOS, CA 93635 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.217 4</div>	Nonpriority creditor's name and mailing address Jovan Robert Alvarez-Alaba 720 MUSCADET CT LOS BANOS, CA 93635 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.217 5</div>	Nonpriority creditor's name and mailing address JOVAN WILLIAMS 1621 80TH AVE OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.217 6</div>	Nonpriority creditor's name and mailing address Jovan Williams 1621 80TH AVE OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.217 7</div>	Nonpriority creditor's name and mailing address JOVOHN ONEIL GIBSON 727 PERALTA AVE SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **A-1 Express Delivery Service, Inc.**

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3.217
8 Nonpriority creditor's name and mailing address **Jovohn Oneil Gibson**
727 PERALTA AVE
SAN FRANCISCO, CA 94110
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

\$0.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.217
9 Nonpriority creditor's name and mailing address **JS Express**
PO box 88
St Louis, MO 63166
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

\$783.28

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

3.218
0 Nonpriority creditor's name and mailing address **JUAN ANTONIO BANUELOS**
854 JEANNE ST APT 1
SAN JOSE, CA 95116
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

\$0.00

- ☒ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

3.218
1 Nonpriority creditor's name and mailing address **Juan Antonio Banuelos**
854 JEANNE ST APT 1
SAN JOSE, CA 95116
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

\$0.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.218
2 Nonpriority creditor's name and mailing address **Juan Antonio Roa Reza**
1229 FLORA AVE
SAN JOSE, CA 95117
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

\$0.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.218
3 Nonpriority creditor's name and mailing address **Juan Antonio Rosales Jr**
2758 AIDA AVE
SAN JOSE, CA 95122
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

\$0.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

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Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.218 4</div>	Nonpriority creditor's name and mailing address Juan Antonio Ugarte Jr 2762 AIDA AVE SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.218 5</div>	Nonpriority creditor's name and mailing address Juan Botello 4233 1/2 FLORAL DR LOS ANGELES, CA 90063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.218 6</div>	Nonpriority creditor's name and mailing address JUAN CARLOS AGUILERA 117 FERRARI AVE SAN JOSE, CA 95110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.218 7</div>	Nonpriority creditor's name and mailing address Juan Carlos Aguilera 117 FERRARI AVE SAN JOSE, CA 95110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.218 8</div>	Nonpriority creditor's name and mailing address Juan Carlos Barrios 9355 MONTEREY RD APT 101 GILROY, CA 95020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.218 9</div>	Nonpriority creditor's name and mailing address Juan Colio 17527 Victory Blvd Van Nuys, CA 91406 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.219 0	Nonpriority creditor's name and mailing address Juan David Monsalve 5659 LATHROP DR SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.219 1	Nonpriority creditor's name and mailing address JUAN DONOSO 4 TOMAHAWK LANE CARSON, CA 90745 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.219 2	Nonpriority creditor's name and mailing address Juan Donoso 4 TOMAHAWK LANE CARSON, CA 90745 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.219 3	Nonpriority creditor's name and mailing address JUAN EDUARDO QUEZADA 5528 TYHURST CT APT 1 SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.219 4	Nonpriority creditor's name and mailing address Juan Eduardo Quezada 5528 TYHURST CT APT 1 SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.219 5	Nonpriority creditor's name and mailing address Juan Felipe Romero 600 E WEDDELL DR SP 158 SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.219 6</div>	Nonpriority creditor's name and mailing address JUAN FRANCISCO PEREZ 1131 FINDLAY AVENUE APT 2E BRONX, NY 10456 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.219 7</div>	Nonpriority creditor's name and mailing address Juan Gabriel Barboza 38730 LEXINGTON ST APT 168 FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.219 8</div>	Nonpriority creditor's name and mailing address JUAN MANUEL SABA 2603 S ROBERTSON BLVD APT C LOS ANGELES, CA 90034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.219 9</div>	Nonpriority creditor's name and mailing address Juan Manuel Saba 2603 S ROBERTSON BLVD APT C LOS ANGELES, CA 90034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.220 0</div>	Nonpriority creditor's name and mailing address JUAN PABLO DELGADILLO RODRIGUEZ 1072 S 11 STREET SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.220 1</div>	Nonpriority creditor's name and mailing address Juan Pablo Delgadillo Rodriguez 1072 S 11 STREET SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

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3.220 2	Nonpriority creditor's name and mailing address Juan Rafael Martinez-Medrano 7204 PASEO DEL RIO COMMERCE, CA 90040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.220 3	Nonpriority creditor's name and mailing address Juanita Renee Diamond 3103 EAST AVE Q16 PALMDALE, CA 93550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.220 4	Nonpriority creditor's name and mailing address Judge Courier PO Box 61884 King Of Prussia, PA 19046 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,323.00
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3.220 5	Nonpriority creditor's name and mailing address JUDITH KAY NAMOKI 5449 YGNACIO AVE OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.220 6	Nonpriority creditor's name and mailing address Judith Kay Namoki 5449 YGNACIO AVE OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.220 7	Nonpriority creditor's name and mailing address Julia Sanchez Leyva 438 WADDINGTON AVE SUNNYVALE, CA 94085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.220 8	Nonpriority creditor's name and mailing address JULIAN BANTON-NAVARRETE 2313 S SPAULDING AVE LOS ANGELES, CA 90016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.220 9	Nonpriority creditor's name and mailing address Julian Banton-Navarrete 2313 S SPAULDING AVE LOS ANGELES, CA 90016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.221 0	Nonpriority creditor's name and mailing address JULIAN DAVID BETANCOURT RENGIFO 4950 CHERRY AVE APT 7 SAN JOSE, CA 95118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.221 1	Nonpriority creditor's name and mailing address Julian David Betancourt Rengifo 4950 CHERRY AVE APT 7 SAN JOSE, CA 95118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.221 2	Nonpriority creditor's name and mailing address JULIAN R MILES 412 HIGHLAND AVE PITCAIRN, PA 15140 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.221 3	Nonpriority creditor's name and mailing address Julian Rafael Gomez 13152 WOOL AVE SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc.	Case number (if known)	17-52865
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3.221 4	Nonpriority creditor's name and mailing address JULIAN WRIGHT 3333 JULIET ST PITTSBURGH, PA 15213 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.221 5	Nonpriority creditor's name and mailing address JULIAN YEE 4199 RAINBOW TERRACE FREMONT, CA 94555 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.221 6	Nonpriority creditor's name and mailing address Julian Yee 4199 RAINBOW TERRACE FREMONT, CA 94555 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.221 7	Nonpriority creditor's name and mailing address JULIE WEN HSUAN CHOU 606 SANTA CRUZ TER SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.221 8	Nonpriority creditor's name and mailing address Julie Wen Hsuan Chou 606 SANTA CRUZ TER SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.221 9	Nonpriority creditor's name and mailing address JULIEN PAUL MODELISTE 1813 BUENA VISTA AVE APT B ALAMEDA, CA 94501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.222 0	Nonpriority creditor's name and mailing address Julien Paul Modeliste 1813 BUENA VISTA AVE APT B ALAMEDA, CA 94501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.222 1	Nonpriority creditor's name and mailing address Juliet Shenice Burton 4332 W 167TH ST LAWNDALE, CA 90260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.222 2	Nonpriority creditor's name and mailing address Julio Alberto Nieto 21236 SANTOS ST HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.222 3	Nonpriority creditor's name and mailing address Julio Amaya 226 WEST 85 PL LOS ANGELES, CA 90003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.222 4	Nonpriority creditor's name and mailing address Julio Cesar Oregel 2384 MCBRYDE AVE RICHMOND, CA 94804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.222 5	Nonpriority creditor's name and mailing address JULIO CUIEL 2836 CHAPMAN ST OAKLAND, CA 94601-9460 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.222 6	Nonpriority creditor's name and mailing address Julio Curiel 2836 CHAPMAN ST OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.222 7	Nonpriority creditor's name and mailing address Julius Franklin 2139 ALSACE ST #3 LOS ANGELES, CA 90016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.222 8	Nonpriority creditor's name and mailing address Juper Almael Corpuz 131 ROSS WAY SAN BRUNO, CA 94066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.222 9	Nonpriority creditor's name and mailing address Jurgen Alexander Lagos 483 ARLETA AVE SAN JOSE, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.223 0	Nonpriority creditor's name and mailing address JURI TEPPER 1327 W PARK WESTERN DR APT 10 SAN PEDRO, CA 90732 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.223 1	Nonpriority creditor's name and mailing address Juri Tepper 1327 W PARK WESTERN DR APT 10 SAN PEDRO, CA 90732 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.223 2	Nonpriority creditor's name and mailing address JUSTIN AMILLIO INGLEZ PO BOX 701253 EAST ELMHURST, NY 11370 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.223 3	Nonpriority creditor's name and mailing address Justin Dilesh Chand 1812 90TH AVE OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.223 4	Nonpriority creditor's name and mailing address JUSTIN FORD 345 E 101 STREET APT 4C MANHATTAN, NY 10029 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.223 5	Nonpriority creditor's name and mailing address Justin Grewe 2737 GONZAGA ST MILLBRAE, CA 94030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.223 6	Nonpriority creditor's name and mailing address JUSTIN HALLAHAN 904 MONACA ROAD # A MONACA, PA 15061 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.223 7	Nonpriority creditor's name and mailing address Justin Hastings 714 VARSİ PLACE SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.223 8	<p>Nonpriority creditor's name and mailing address</p> <p>JUSTIN JASON KIM 5623 GLEN HAVEN CT SAN JOSE, CA 95129</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>6 mo term</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
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3.223 9	<p>Nonpriority creditor's name and mailing address</p> <p>Justin Jason Kim 5623 GLEN HAVEN CT SAN JOSE, CA 95129</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Class List</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
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3.224 0	<p>Nonpriority creditor's name and mailing address</p> <p>Justin Jude Calderon 5366 CHENIN BLANC PL VALLEJO, CA 94591</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Class List</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
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3.224 1	<p>Nonpriority creditor's name and mailing address</p> <p>Justin Max Hudspeth 620 W HYDE PARK BLVD APT 126 INGLEWOOD, CA 90302</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Class List</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
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3.224 2	<p>Nonpriority creditor's name and mailing address</p> <p>Justin Michael Chase PO BOX 303 LA HONDA, CA 94020</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Class List</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
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3.224 3	<p>Nonpriority creditor's name and mailing address</p> <p>Justin Niya Gayle 5157 SHELTER CREEK LN SAN BRUNO, CA 94066</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Class List</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.224 4	Nonpriority creditor's name and mailing address Justin Noel Campbell 10585 MISSOURI AVE APT 4 LOS ANGELES, CA 90025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.224 5	Nonpriority creditor's name and mailing address Justin Ray Kenery 51 HANGOVER ST SAN FRANCISCO, CA 94112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.224 6	Nonpriority creditor's name and mailing address JUSTINE VENTURA 1800 TAMBOUR WAY SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.224 7	Nonpriority creditor's name and mailing address Justine Ventura 1800 TAMBOUR WAY SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.224 8	Nonpriority creditor's name and mailing address Justus Lynn Miles 1117 GORHAM AVE MODESTO, CA 95350 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.224 9	Nonpriority creditor's name and mailing address K & K And Associates Inc PO Box 11084 Apollo Mail/1st Class Presort Charlotte, NC 28220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,600.00

Debtor **A-1 Express Delivery Service, Inc.** Case number (if known) **17-52865**

Name

3.225
0 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

Ka Heng Chio
618 BUSH ST APT 51
SAN FRANCISCO, CA 94108

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.225
1 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

Ka Kit Ngai
14141 NASSAU RD
SAN LEANDRO, CA 94577

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.225
2 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

Ka Po Tong
782 Brooklyn ave
Oakland, CA 94606

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.225
3 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

Kabrea Andrea Smith
4839 BAYSIDE WAY
OAKLEY, CA 94561

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.225
4 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

KADEJA RENAE JOHNSON
1475 167TH AVE APT 80
SAN LEANDRO, CA 94578

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

3.225
5 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

Kadeja Renae Johnson
1475 167TH AVE APT 80
SAN LEANDRO, CA 94578

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.225 6</div>	Nonpriority creditor's name and mailing address KADIR HUSSEIN 30638 GENESEE ST 2B SEATTLE, WA 98108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.225 7</div>	Nonpriority creditor's name and mailing address KAI AJENE RICHARD 750 43RD ST OAKLAND, CA 94609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.225 8</div>	Nonpriority creditor's name and mailing address Kai Ajene Richard 750 43RD ST OAKLAND, CA 94609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.225 9</div>	Nonpriority creditor's name and mailing address KAI DANIEL CHEESEMAN 750 24TH ST SAN FRANCISCO, CA 94107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.226 0</div>	Nonpriority creditor's name and mailing address Kai Daniel Cheeseman 750 24TH ST SAN FRANCISCO, CA 94107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.226 1</div>	Nonpriority creditor's name and mailing address KALID A MAHAMMED 5231 39TH AVE S #308 SEATTLE, WA 98118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.226 2	Nonpriority creditor's name and mailing address KALILA IMAN LUJA 3912 MEADOWBROOK CIRCLE PITTSBURG, CA 94565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.226 3	Nonpriority creditor's name and mailing address Kalila Iman Luja 3912 MEADOWBROOK CIRCLE PITTSBURG, CA 94565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.226 4	Nonpriority creditor's name and mailing address Kall8 417 2nd Ave W Seattle, WA 98119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.226 5	Nonpriority creditor's name and mailing address KAMAL OSMAN 1325 S. HUDSON ST SEATTLE, WA 98108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.226 6	Nonpriority creditor's name and mailing address KAMEI ANDREWS 142 PEPPERTREE WAY PITTSBURG, CA 94565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.226 7	Nonpriority creditor's name and mailing address Kamei Andrews 142 PEPPERTREE WAY PITTSBURG, CA 94565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

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Name

3.226 8	Nonpriority creditor's name and mailing address KAMEL FERHATI 124 14TH ST 19 OAKLAND, CA 94612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.226 9	Nonpriority creditor's name and mailing address Kamel Ferhati 124 14TH ST 19 OAKLAND, CA 94612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.227 0	Nonpriority creditor's name and mailing address KAMERON LOUIS HANDY 1404 SONOMA DR MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.227 1	Nonpriority creditor's name and mailing address Kameron Louis Handy 1404 SONOMA DR MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.227 2	Nonpriority creditor's name and mailing address Kamran Aslam 924 LARCH ST APT 11 INGLEWOOD, CA 90301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.227 3	Nonpriority creditor's name and mailing address KANEESHA SHARIE PIERCE 4228 MASTERSON ST APT 1 OAKLAND, CA 94619 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor	A-1 Express Delivery Service, Inc.	Case number (if known)	17-52865
Name			

3.227 4	Nonpriority creditor's name and mailing address Kaneesha Sharie Pierce 4228 MASTERSON ST APT 1 OAKLAND, CA 94619 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.227 5	Nonpriority creditor's name and mailing address KAO HER 116 MYRTLE RD #1 BURLINGAME, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.227 6	Nonpriority creditor's name and mailing address Kao Her 116 MYRTLE RD #1 BURLINGAME, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.227 7	Nonpriority creditor's name and mailing address Karen Higgins 1520 E CAPITOL EXPWY 89 SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.227 8	Nonpriority creditor's name and mailing address KAREN YVETTE GONZALEZ 821 4TH ST UNIT 2 MODESTO, CA 95351 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.227 9	Nonpriority creditor's name and mailing address KARIN LEIGH BERNAL 550 RAILROAD AVE SOUTH SAN FRANCISCO, CA 94080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.228 0	Nonpriority creditor's name and mailing address Karl Patrick Afalla Vasquez 965 COURTLAND CT MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.228 1	Nonpriority creditor's name and mailing address KARLTZ FLEURIMONT 4408 FOSTER AVE BROOKLYN, NY 11203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.228 2	Nonpriority creditor's name and mailing address Kasio Varma 120 CHURCH ST APT 4 MOUNTAIN VIEW, CA 94041 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.228 3	Nonpriority creditor's name and mailing address Katherine Ann Shannon 1931 LINDEN ST OAKLAND, CA 94607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.228 4	Nonpriority creditor's name and mailing address KATHERINE GISSE ZELAYANDIA 5708 6TH AVE LOS ANGELES, CA 90043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.228 5	Nonpriority creditor's name and mailing address Katherine Gissell Zelayandia 5708 6TH AVE LOS ANGELES, CA 90043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.228 6	Nonpriority creditor's name and mailing address Kathleen Annmarie Spillane 2056 Ticonderoga Drive San Mateo, CA 94402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.228 7	Nonpriority creditor's name and mailing address Kathleen Louise Mundorff 950 MARION WAY SUNNYVALE, CA 94087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.228 8	Nonpriority creditor's name and mailing address Katia Stephanie Motley 54 LAFAYETTE AVE HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.228 9	Nonpriority creditor's name and mailing address Katie Ann Coy 1800 EVANS LANE APT 2218 SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.229 0	Nonpriority creditor's name and mailing address Katrina Marie Delgado 10261 REGAN ST SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.229 1	Nonpriority creditor's name and mailing address KATRINA REANN OSBOURNE 456 E HULLETT ST APT 3 LONG BEACH, CA 90805 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.229 2	Nonpriority creditor's name and mailing address Katrina Reann Osbourne 456 E HULLETT ST APT 3 LONG BEACH, CA 90805 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.229 3	Nonpriority creditor's name and mailing address KATSHUNGA KADISHA 98-38 57TH AVE 2B CORONA, NY 11368 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.229 4	Nonpriority creditor's name and mailing address KAYCEE SOUTHCHACK 6431 KNOTT AVE EL CERRITO, CA 94530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.229 5	Nonpriority creditor's name and mailing address Kaycee Southchack 6431 KNOTT AVE EL CERRITO, CA 94530 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.229 6	Nonpriority creditor's name and mailing address KAYLA JONNILE I SCOTT 5632 WEAVER PL OAKLAND, CA 94619 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.229 7	Nonpriority creditor's name and mailing address Kayla Jonnile Imani Scott 5632 WEAVER PL OAKLAND, CA 94619 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.229 8	Nonpriority creditor's name and mailing address KAYLA MARY HAYES 792 EMERSON CT SAN JOSE, CA 95126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.229 9	Nonpriority creditor's name and mailing address Kayla Mary Hayes 792 EMERSON CT SAN JOSE, CA 95126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.230 0	Nonpriority creditor's name and mailing address KAYLAH MARTIKA JACKSON-KEY 10710 PEARMAN ST OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.230 1	Nonpriority creditor's name and mailing address Kaylah Martika Jackson-Key 10710 PEARMAN ST OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.230 2	Nonpriority creditor's name and mailing address KEANNA APPLETON 226 MOUNT HOPE PL APT 3B BRONX, NY 10457 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.230 3	Nonpriority creditor's name and mailing address Keianya Townes 1449 1/2 WEST 108 ST LOS ANGELES, CA 90047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.230 4	Nonpriority creditor's name and mailing address KEIDA MUTI BREWER 27320 MANON AVE APT 18 HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.230 5	Nonpriority creditor's name and mailing address Keida Muti Brewer 27320 MANON AVE APT 18 HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.230 6	Nonpriority creditor's name and mailing address Keila Vega Stevens 421 SOUTH ST ANDREWS PLACE APT 2 LOS ANGELES, CA 90020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.230 7	Nonpriority creditor's name and mailing address KEITH LLOYD TATE II 1334 EAST 58TH PLACE LOS ANGELES, CA 90001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.230 8	Nonpriority creditor's name and mailing address Keith Lloyd Tate II 1334 EAST 58TH PLACE LOS ANGELES, CA 90001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.230 9	Nonpriority creditor's name and mailing address KEITH MARIO WILLIAMS 1558 SHAFTER AVE SAN FRANCISCO, CA 94124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

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3.231 0	Nonpriority creditor's name and mailing address Keith Mario Williams 1558 SHAFTER AVE SAN FRANCISCO, CA 94124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.231 1	Nonpriority creditor's name and mailing address KEITH WISE 721 N EDGEWOOD ST APT 18 INGLEWOOD, CA 90302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.231 2	Nonpriority creditor's name and mailing address Keith Wise 721 N EDGEWOOD ST APT 18 INGLEWOOD, CA 90302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.231 3	Nonpriority creditor's name and mailing address KELLIE MILLER 238 KINVARA DRIVE PITTSBURGH, PA 15237 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.231 4	Nonpriority creditor's name and mailing address KELLY ELIZABETH GRAVETT 1409 LEMOS LN FREMONT, CA 94539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.231 5	Nonpriority creditor's name and mailing address Kelly Elizabeth Gravett 1409 LEMOS LN FREMONT, CA 94539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

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3.231 6	Nonpriority creditor's name and mailing address Kelly Michele Hart 9 BROOKDALE AVE SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.231 7	Nonpriority creditor's name and mailing address Kelsey Allyn Miller 339 BROADWAY APT 216 ALAMEDA, CA 94501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.231 8	Nonpriority creditor's name and mailing address Kelsey Sousa 1232 IOWA AVE LOS BANOS, CA 93635 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.231 9	Nonpriority creditor's name and mailing address KELVIN JENNINGS 880 ST NICHOLAS AVE 23 NEW YORK, NY 10032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.232 0	Nonpriority creditor's name and mailing address KELVING HERNANDEZ 2444 DELANOY AVE 2 BRONX, NY 10469 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.232 1	Nonpriority creditor's name and mailing address KEMALI TASHEEM GREEN 191 HOLLIS AVENUE JAMAICA, NY 11423 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.232 2	Nonpriority creditor's name and mailing address KENDALL RICHARD NATROP 1806 N VAN NESS AVE LOS ANGELES, CA 90028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.232 3	Nonpriority creditor's name and mailing address Kendall Richard Natrop 1806 N VAN NESS AVE LOS ANGELES, CA 90028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.232 4	Nonpriority creditor's name and mailing address Kendell L Beverly 2426 HIGHLAND AVE OAKLAND, CA 94606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.232 5	Nonpriority creditor's name and mailing address Kenia Zuniga Zuniga 1140 STARBIRD CIR APT 1 SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.232 6	Nonpriority creditor's name and mailing address KENNEDY MOHAMED 2700 S 256TH ST 0307 KENT, WA 98032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.232 7	Nonpriority creditor's name and mailing address KENNEDY NYAMBURA 1710 98TH ST S APT J18 TACOMA, WA 98444 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.232 8	Nonpriority creditor's name and mailing address KENNETH ANDREW BOWERS 1120 EATON AVE APT 13 SAN CARLOS, CA 94070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.232 9	Nonpriority creditor's name and mailing address Kenneth Andrew Bowers 1120 EATON AVE APT 13 SAN CARLOS, CA 94070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.233 0	Nonpriority creditor's name and mailing address KENNETH ANTHONY FREEMAN 14868 UNION AVE SAN JOSE, CA 95124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.233 1	Nonpriority creditor's name and mailing address KENNETH COURIE 69 CUMBERLAND VILLAGE CARMICHAELS, PA 15320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.233 2	Nonpriority creditor's name and mailing address Kenneth Courtenay Jr 12124 SOUTH HARVARD BLVD LOS ANGELES, CA 90047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.233 3	Nonpriority creditor's name and mailing address KENNETH FRANKEL 2198 HAROLD LANE SMYRNA, GA 30080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.233 4	Nonpriority creditor's name and mailing address KENNETH GARDEN 119 W 135TH STREET APT 4B NEW YORK, NY 10030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.233 5	Nonpriority creditor's name and mailing address KENNETH JOHN LE AKAU 905 SELBY LANE SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.233 6	Nonpriority creditor's name and mailing address Kenneth John Lee Akau 905 SELBY LANE SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.233 7	Nonpriority creditor's name and mailing address KENNETH JOSEPH COMBS II 715 SUNRISE DR FREMONT, CA 94539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.233 8	Nonpriority creditor's name and mailing address Kenneth Joseph Combs II 715 SUNRISE DR FREMONT, CA 94539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.233 9	Nonpriority creditor's name and mailing address KENNETH SCOTT GATES 2133 TRINITY PLACE MARTINEZ, CA 94553 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.234 0	Nonpriority creditor's name and mailing address Kenneth Scott Gates 2133 TRINITY PLACE MARTINEZ, CA 94553 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.234 1	Nonpriority creditor's name and mailing address KENNETH TOBIAS HARMON 3266 INDUS CT SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.234 2	Nonpriority creditor's name and mailing address Kenneth Tobias Harmon 3266 INDUS CT SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.234 3	Nonpriority creditor's name and mailing address KENNETH VALERIE 1535 BERGEN ST 2 BROOKLYN, NY 11213 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.234 4	Nonpriority creditor's name and mailing address Kenny Vuong Truong 12832 WYNANT DR GARDEN GROVE, CA 92841 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.234 5	Nonpriority creditor's name and mailing address KENT BROWN 623 3RD STREET HERMOSA BEACH, CA 90254 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

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Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.234 6</div>	Nonpriority creditor's name and mailing address Kent Dana Connick 6786 LAZY RIVER WAY SAN JOSE, CA 95120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.234 7</div>	Nonpriority creditor's name and mailing address Kenya Mechelle Johnson 10602 GRAFFIAN ST OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.234 8</div>	Nonpriority creditor's name and mailing address Kenya Nicole Clark 654 SYLVAN ST #2 DALY CITY, CA 94014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.234 9</div>	Nonpriority creditor's name and mailing address Keoreyontaye Donnie Saunders 3720 PINTAIL DR ANTIOCH, CA 94509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.235 0</div>	Nonpriority creditor's name and mailing address KERN KIRTON 2105 FLATBUSH AVE APT 36 BROOKLYN, NY 11234 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.235 1</div>	Nonpriority creditor's name and mailing address KESHA RANKINS 525 SOUTH 9TH ST CUPERTINO, CA 95129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

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3.235 2	Nonpriority creditor's name and mailing address Kesha Rankins 525 SOUTH 9TH ST CUPERTINO, CA 95129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.235 3	Nonpriority creditor's name and mailing address KEVIN ALAN BATCHELDER 2786 GREENWOOD DR SAN PABLO, CA 94806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.235 4	Nonpriority creditor's name and mailing address Kevin Alan Batchelder 2786 GREENWOOD DR SAN PABLO, CA 94806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.235 5	Nonpriority creditor's name and mailing address Kevin Angelo Belisario 2984 IRWINDALE DRIVE SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.235 6	Nonpriority creditor's name and mailing address Kevin Art Brown 9407 CHERRY ST OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.235 7	Nonpriority creditor's name and mailing address Kevin B Rosas 2742 CASTLETON DR SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.235 8	Nonpriority creditor's name and mailing address Kevin Brian Thach 1641 VIRGINIA AVE APT 1 SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.235 9	Nonpriority creditor's name and mailing address KEVIN BRYANT DEL CID 3623 DUNN DR APT 6 LOS ANGELES, CA 90034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.236 0	Nonpriority creditor's name and mailing address Kevin Bryant Del Cid 3623 DUNN DR APT 6 LOS ANGELES, CA 90034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.236 1	Nonpriority creditor's name and mailing address Kevin E Sandoval 1612 CORTEZ ST LOS ANGELES, CA 90026 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.236 2	Nonpriority creditor's name and mailing address Kevin Gar Hing Wu 2571 46TH AVE SAN FRANCISCO, CA 94116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.236 3	Nonpriority creditor's name and mailing address Kevin Guerra 13016 ROSELLE AVE APT 6 HAWTHORNE, CA 90250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

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Name

3.236 4	Nonpriority creditor's name and mailing address Kevin Harper 1918 BIG BEND DR MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.236 5	Nonpriority creditor's name and mailing address Kevin Hin-Fai Lau 819 RUSSELL LANE MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.236 6	Nonpriority creditor's name and mailing address Kevin Huu Le 3776 MASTERS CT SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.236 7	Nonpriority creditor's name and mailing address Kevin Kehaulani Hoohuli Jr 22228 Grace Avenue Apt 204a Richmond, CA 94801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.236 8	Nonpriority creditor's name and mailing address Kevin Lee Tsugawa-Oliverio 6403 NEPO COURT SAN JOSE, CA 95119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.236 9	Nonpriority creditor's name and mailing address KEVIN MARK HAILEY 5485 SPINNAKER WALKWAY APT 1 SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

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Name

3.237 0	Nonpriority creditor's name and mailing address Kevin Mark Hailey 5485 SPINNAKER WALKWAY APT 1 SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.237 1	Nonpriority creditor's name and mailing address Kevin Matthew Flood 825 SEABURY DR SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.237 2	Nonpriority creditor's name and mailing address Kevin Matthew Williams 1067 4th st st santa rosa, CA 95404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.237 3	Nonpriority creditor's name and mailing address KEVIN MICHAEL NERI 3283 TULIPWOOD LANE SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.237 4	Nonpriority creditor's name and mailing address Kevin Michael Neri 3283 TULIPWOOD LANE SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.237 5	Nonpriority creditor's name and mailing address Kevin Michael Subijano 39645 Bruning St Fremont, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

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Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.237 6</div>	Nonpriority creditor's name and mailing address KEVIN MICHAEL YOUNG JR 1043 MUIR CREEK DR PITTSBURG, CA 94565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.237 7</div>	Nonpriority creditor's name and mailing address Kevin Michael Young Jr 1043 MUIR CREEK DR PITTSBURG, CA 94565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.237 8</div>	Nonpriority creditor's name and mailing address KEVIN MICKENS 114-49 124TH ST SOUTH OZONE PARK, NY 11420 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.237 9</div>	Nonpriority creditor's name and mailing address Kevin Musyoka Mului 22706 PEAK ST HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.238 0</div>	Nonpriority creditor's name and mailing address Kevin Ngoc C Nguyen 2869 PELICAN DRIVE UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.238 1</div>	Nonpriority creditor's name and mailing address KEVIN PAUL HANLEY 3923 CENTER AVE HOMESTEAD, PA 15120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.238 2</div>	Nonpriority creditor's name and mailing address Kevin Villanueva 1647 N AVALON BLVD WILMINGTON, CA 90744 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.238 3</div>	Nonpriority creditor's name and mailing address KEVIN WALLACE 314 RIDGEVIEW DR BRADDOCK, PA 15104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.238 4</div>	Nonpriority creditor's name and mailing address KEWANNA BROWN 5102 RAVENNA AVE NE SEATTLE, WA 98105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.238 5</div>	Nonpriority creditor's name and mailing address Khai Hoang Nguyen 521 SINCLAIR DR SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.238 6</div>	Nonpriority creditor's name and mailing address Khalfani Fadori Toles 5434 BROOKDALE AVE OAKLAND, CA 94619 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.238 7</div>	Nonpriority creditor's name and mailing address KHALID AHMED 9716 S 204TH CT KENT, WA 98031 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

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3.238 8	Nonpriority creditor's name and mailing address KHALIL FOSTER 17328 121ST LN SE APT TT303 RENTON, WA 98058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.238 9	Nonpriority creditor's name and mailing address Kham K Lam 293 WESTRIDGE AVENUE DALY CITY, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.239 0	Nonpriority creditor's name and mailing address Khanh-Truong Dat Hoang 362 Chateau La Salle Drive San Jose, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.239 1	Nonpriority creditor's name and mailing address KHIEM NGUYEN 7005 GOLDENSPUR LOOP SAN JOSE, CA 95138 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.239 2	Nonpriority creditor's name and mailing address Khiem Nguyen 7005 GOLDENSPUR LOOP SAN JOSE, CA 95138 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.239 3	Nonpriority creditor's name and mailing address KHOA ANH LE 531 NOKOMIS DRIVE SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.239 4	Nonpriority creditor's name and mailing address Khoa Anh Le 531 NOKOMIS DRIVE SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.239 5	Nonpriority creditor's name and mailing address Khoa Nguyen 305 LASSEN PARK CIR SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.239 6	Nonpriority creditor's name and mailing address Khoi Minh Pham 2600 Corde Terra Ct #5322 San Jose, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.239 7	Nonpriority creditor's name and mailing address Khoi Xuan Nguyen 1807 WELCH AVE APT 1 SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.239 8	Nonpriority creditor's name and mailing address Kiarash Omrani 5055 DENT AVE APT 99 SAN JOSE, CA 95118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.239 9	Nonpriority creditor's name and mailing address KIMBERLY ANN SOBIECH 20446 FOREST AVE APT 13 CASTRO VALLEY, CA 94546 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Name	Case number (if known)	17-52865
3.240 0	Nonpriority creditor's name and mailing address Kimberly Ann Sobiech 20446 FOREST AVE APT 13 CASTRO VALLEY, CA 94546 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.240 1	Nonpriority creditor's name and mailing address Kimberly Kay Downs 245 SINGINGWOOD ST #22 ORANGE, CA 92869 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.240 2	Nonpriority creditor's name and mailing address Kimberly Monique Monks 12010 S VERMONT AVE #207 LOS ANGELES, CA 90044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.240 3	Nonpriority creditor's name and mailing address Kimberly Mustafa 151 19th Ave Seattle, WA 98122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$637.96
3.240 4	Nonpriority creditor's name and mailing address Kimberly Thi Huynh 1075 SPACE PARK WY SP 122 MOUNTAIN VIEW, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.240 5	Nonpriority creditor's name and mailing address KIMSAN CHEA 27539 SEBASTIAN WY HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.240 6	Nonpriority creditor's name and mailing address Kimsan Chea 27539 SEBASTIAN WY HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.240 7	Nonpriority creditor's name and mailing address KINDERJIT GREWAL 9020 CALLE DEL REY GILROY, CA 95020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.240 8	Nonpriority creditor's name and mailing address Kinderjit Grewal 9020 CALLE DEL REY GILROY, CA 95020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.240 9	Nonpriority creditor's name and mailing address King Delivery Service 101 E 5th Des Moines, IA 50309 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,208.75
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3.241 0	Nonpriority creditor's name and mailing address KIRK ADAMS 437 DANNA COURT SAN JOSE, CA 95138 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.241 1	Nonpriority creditor's name and mailing address Kirk Ronald Adams 437 DANNA COURT SAN JOSE, CA 95138 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.241 2	Nonpriority creditor's name and mailing address Kit Tsz Cheung 851 VIDELL STREET SAN LORENZO, CA 94580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.241 3	Nonpriority creditor's name and mailing address KITO OGARTO 6211 S 249TH ST D205 KENT, WA 98032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.241 4	Nonpriority creditor's name and mailing address Krishell Renee Robinson 562 ALEMANY BLVD SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.241 5	Nonpriority creditor's name and mailing address Kristen Lakota Benson 168 DAKOTA ST SAN FRANCISCO, CA 94107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.241 6	Nonpriority creditor's name and mailing address Kristin Colette Roland 90 KILARNEY LN SANTA ROSA, CA 95403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.241 7	Nonpriority creditor's name and mailing address Kristina Cassandra Steben 207 Atherton ave Atherton, CA 94027 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

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<div>3.241 8</div>	Nonpriority creditor's name and mailing address Kristine Jennifer Del Rosario 33 FOREST GROVE DR DALY CITY, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.241 9</div>	Nonpriority creditor's name and mailing address Krystal Johnson 2319 S GARTH AVE LOS ANGELES, CA 90034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.242 0</div>	Nonpriority creditor's name and mailing address Kurt Hoelzer 708 VENICE WAY APT 5 INGLEWOOD, CA 90302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.242 1</div>	Nonpriority creditor's name and mailing address Kurt Owen Dwiggin 1239 Rose st Crockett, CA 94525 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.242 2</div>	Nonpriority creditor's name and mailing address Kurtona Evelyn Milum 9510 SUNNYSIDE ST APT 7 OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.242 3</div>	Nonpriority creditor's name and mailing address Kushoun Anthony Burch 2020 CHEYENNE WAY APT MODESTO, CA 95356 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.242 4	Nonpriority creditor's name and mailing address Kwame Attim Jenkins Jr 709 98TH AVE APT B OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.242 5	Nonpriority creditor's name and mailing address Kwanza H Grigsby 613 E 73RD ST LOS ANGELES, CA 90001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.242 6	Nonpriority creditor's name and mailing address Kwokying Chan 2142 42ND AVE San Francisco, CA 94116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.242 7	Nonpriority creditor's name and mailing address KYAING TUN 1605 8TH AVE APT 2 OAKLAND, CA 94606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.242 8	Nonpriority creditor's name and mailing address Kyaing Tun 1605 8TH AVE APT 2 OAKLAND, CA 94606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.242 9	Nonpriority creditor's name and mailing address KYANDRE RASHUN LONG 99 AUSTIN AVE HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

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3.243 0	Nonpriority creditor's name and mailing address Kyle Ortiz 1085 TASMAN DRIVE UNIT 45 SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.243 1	Nonpriority creditor's name and mailing address Kyle Phillip Esmenda 43218 GATEWOOD ST FREMONT, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.243 2	Nonpriority creditor's name and mailing address Kyle Sahid Fernandez Torres 2491 WHITNEY DR APT 1 MOUNTAIN VIEW, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.243 3	Nonpriority creditor's name and mailing address KYLE WILLIAMS 7182 GEORGES WAY MORROW, GA 30260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.243 4	Nonpriority creditor's name and mailing address Kymberley Anne Whitlow 753 ALMA ST APT 338 PALO ALTO, CA 94301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.243 5	Nonpriority creditor's name and mailing address Lafron Shawnee Britton Jr 2037 E 23RD ST OAKLAND, CA 94606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.243 6	Nonpriority creditor's name and mailing address LAKEA BAILEY 450 BREMERTON AVE NE H RENTON, WA 98059 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.243 7	Nonpriority creditor's name and mailing address LAKPA DENDI SHERPA 1333 W STEEL LINE 210 SANTA ROSA, CA 95403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.243 8	Nonpriority creditor's name and mailing address Lakpa Dendi Sherpa 1333 W STEEL LINE 210 SANTA ROSA, CA 95403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.243 9	Nonpriority creditor's name and mailing address Lalita Carol Myrick 1837 IDAHO ST FAIRFIELD, CA 94533 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.244 0	Nonpriority creditor's name and mailing address Lam Hoang Nguyen 92 ALEXANDER CT SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.244 1	Nonpriority creditor's name and mailing address Iam SithambaramSidath Vengadasa 40 ALICE ST Arcadia, CA 91006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.244 2</div>	Nonpriority creditor's name and mailing address Lam Son Nguyen 4128 AREZZO POINTE LANE SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.244 3</div>	Nonpriority creditor's name and mailing address LAMAR SAMPSON 1514 W 137TH ST COMPTON, CA 90222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.244 4</div>	Nonpriority creditor's name and mailing address Lamar Sampson 1514 W 137TH ST COMPTON, CA 90222 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.244 5</div>	Nonpriority creditor's name and mailing address Lamont Charles Angelo 102 TUOLUMNE ST VALLEJO, CA 94591 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.244 6</div>	Nonpriority creditor's name and mailing address Lamont M Christopher Jones III 718 HENRY ST OAKLAND, CA 94607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.244 7</div>	Nonpriority creditor's name and mailing address LaMont Vaughn Davis Jr 400 Davis St #204 San Leandro, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.244 8	Nonpriority creditor's name and mailing address LANCE CHEADLE 1765 SKYLINE DRIVE APT 49 WHITEHALL, PA 15227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.244 9	Nonpriority creditor's name and mailing address Lance Gabriel Hooks 621 CORONADO AVE LONG BEACH, CA 90814 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.245 0	Nonpriority creditor's name and mailing address Laprease Caldwell 3524 FALLS CT PALMDALE, CA 93551 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.245 1	Nonpriority creditor's name and mailing address LAQUISHA DENISE SCOTT 1505 DESDEMONA CT SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.245 2	Nonpriority creditor's name and mailing address Laquisha Denise Scott 1505 DESDEMONA CT SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.245 3	Nonpriority creditor's name and mailing address Lareisha Lewis 6401 SHELLMOUND ST 7109 EMERYVILLE, CA 94608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

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Name

3.245 4	Nonpriority creditor's name and mailing address Larry Allen Williams Jr 4018 SAINT ANDREWS WAY ANTIOCH, CA 94509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.245 5	Nonpriority creditor's name and mailing address LARRY AUCENSIO BACACAO 1002 S SHERBOURNE DR LOS ANGELES, CA 90035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.245 6	Nonpriority creditor's name and mailing address Larry Aucensio Bacacao 1002 S SHERBOURNE DR LOS ANGELES, CA 90035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.245 7	Nonpriority creditor's name and mailing address LARRY BEMBRY 509 S EUCALYPTUS AVE APT 5 INGLEWOOD, CA 90301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.245 8	Nonpriority creditor's name and mailing address Larry Bembry 509 S EUCALYPTUS AVE APT 5 INGLEWOOD, CA 90301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.245 9	Nonpriority creditor's name and mailing address LARRY COLLINS A SHULAR III 27851 HUMMINGBIRD HAYWARD, CA 94545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.** Case number (if known) **17-52865**

Name

3.246
0 Nonpriority creditor's name and mailing address **Larry Collins Arthur Shular III** As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

**27851 HUMMINGBIRD
HAYWARD, CA 94545**

Date(s) debt was incurred _

Last 4 digits of account number _

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.246
1 Nonpriority creditor's name and mailing address **Larry Rey Ardoin** As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

**175 CHARTER OAK ST
SAN FRANCISCO, CA 94124**

Date(s) debt was incurred _

Last 4 digits of account number _

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.246
2 Nonpriority creditor's name and mailing address **Larry Tyree Horne** As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

**8107 IDLEWOOD ST
OAKLAND, CA 94605**

Date(s) debt was incurred _

Last 4 digits of account number _

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.246
3 Nonpriority creditor's name and mailing address **Larry Wu** As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

**3897 FORESTWOOD DR
SAN JOSE, CA 95121**

Date(s) debt was incurred _

Last 4 digits of account number _

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.246
4 Nonpriority creditor's name and mailing address **Lasandra Wauline Hamlin** As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

**332 W 122ND ST
LOS ANGELES, CA 90061**

Date(s) debt was incurred _

Last 4 digits of account number _

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.246
5 Nonpriority creditor's name and mailing address **LaserShip** As of the petition filing date, the claim is: *Check all that apply.* **\$1,566.33**

**PO Box 1335
Charlotte, NC 28201-1335**

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.246 6</div>	Nonpriority creditor's name and mailing address LASHANDRA KING 818 GREENWOOD AVENUE, NE , #106 ATLANTA, GA 30306-3740 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.246 7</div>	Nonpriority creditor's name and mailing address Lashapale Alisia Copes 1973 TATE F103 EAST PALO ALTO, CA 94303 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.246 8</div>	Nonpriority creditor's name and mailing address Lashaun Lloyd 875 CINNIBAR ST 1422 SAN JOSE, CA 95126 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.246 9</div>	Nonpriority creditor's name and mailing address LASHAY HARTLE 145 SNYDER DR ROCHESTER, PA 15074 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.247 0</div>	Nonpriority creditor's name and mailing address LATISHA FRANKLIN 9251 15TH AVENUE SW SEATTLE, WA 98106 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.247 1</div>	Nonpriority creditor's name and mailing address LATISHA LASHAND BROUGHTON 532 16TH ST APT 409 OAKLAND, CA 94612 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.247 2</div>	Nonpriority creditor's name and mailing address Latisha Lashand Broughton 532 16TH ST APT 409 OAKLAND, CA 94612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.247 3</div>	Nonpriority creditor's name and mailing address LATOYA DENISE ALVAREZ 2420 S MARVIN AVE APT 6 LOS ANGELES, CA 90016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.247 4</div>	Nonpriority creditor's name and mailing address Latoya Denise Alvarez 2420 S MARVIN AVE APT 6 LOS ANGELES, CA 90016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.247 5</div>	Nonpriority creditor's name and mailing address Latoya Neshe Love 19 TURNER TERRACE SAN FRANCISCO, CA 94107 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.247 6</div>	Nonpriority creditor's name and mailing address LAURENT PAUL PUGH 1158 W WASHINGTON AVE SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.247 7</div>	Nonpriority creditor's name and mailing address Laurent Paul Pugh 1158 W WASHINGTON AVE SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.247 8	Nonpriority creditor's name and mailing address LAVELL LAMONT KENDRICKS 9047 LANGDON AVE APT 4 NORTH HILLS, CA 91343 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.247 9	Nonpriority creditor's name and mailing address Lavell Lamont Kendricks 9047 LANGDON AVE APT 4 NORTH HILLS, CA 91343 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.248 0	Nonpriority creditor's name and mailing address Lavell Robert Russell 1750 WASHINGTON STREET APT 3 SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.248 1	Nonpriority creditor's name and mailing address LAWRENCE MAH 2298 SHADE TREE LN SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.248 2	Nonpriority creditor's name and mailing address Lawrence Mah 2298 SHADE TREE LN SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.248 3	Nonpriority creditor's name and mailing address Lawrence Rushing 728 N MARKET ST APT 12 INGLEWOOD, CA 90302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.248 4	Nonpriority creditor's name and mailing address Lawrence Wayne Price 5051 SUTTER CREEK CIR SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.248 5	Nonpriority creditor's name and mailing address Layshorn Renee Daniel 9414 S SAN PEDRO ST APT 2 LOS ANGELES, CA 90063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.248 6	Nonpriority creditor's name and mailing address Le Ron Atmore 326 LIME ST APT C INGLEWOOD, CA 90301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.248 7	Nonpriority creditor's name and mailing address Le T Doan 3995 AMBLER CT SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.248 8	Nonpriority creditor's name and mailing address LEANDRO AVILA 639 SW 307TH ST FEDERAL WAY, WA 98023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.248 9	Nonpriority creditor's name and mailing address LEE FRANKS 4951 GOLD MINE DR SUGAR HILL, GA 30518 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.249 0</div>	Nonpriority creditor's name and mailing address LEE PAONESSA 18306 104TH ST CT E BONNEY LAKE, WA 98391 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.249 1</div>	Nonpriority creditor's name and mailing address LEEPO JAMAAL RUSSELL 3172 MOORPARK AVE APT 3 SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.249 2</div>	Nonpriority creditor's name and mailing address Leepo Jamaal Russell 3172 MOORPARK AVE APT 3 SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.249 3</div>	Nonpriority creditor's name and mailing address LEILAH EMANUEL-KINNIEBREW 1828 YALE AVE SEATTLE, WA 98101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.249 4</div>	Nonpriority creditor's name and mailing address Lena Marie Loreto 275 CALLAN ST MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.249 5</div>	Nonpriority creditor's name and mailing address LENARD ANTHONY GANT JR 28821 LOGAN WAY HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.249 6	Nonpriority creditor's name and mailing address Lenard Anthony Gant Jr 28821 LOGAN WAY HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.249 7	Nonpriority creditor's name and mailing address Leo Salinas Larios 1666 VIRGINIA PL SAN JOSE 95116, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.249 8	Nonpriority creditor's name and mailing address Leon Bendana Melendres Jr 1465 B STREET HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.249 9	Nonpriority creditor's name and mailing address LEON CORNUTE 12447 OBERLIN DR DALLAS, TX 75243 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.250 0	Nonpriority creditor's name and mailing address LEON HAUGHTON 305 W SYCAMORE STREET PITTSBURGH, PA 15211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.250 1	Nonpriority creditor's name and mailing address Leonard Dalian Rideau III 4038 AMBLER WAY SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div>3.250 2</div>	Nonpriority creditor's name and mailing address LEONARD JACKSON 2748 KOLLMAN DR APT 5 SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.250 3</div>	Nonpriority creditor's name and mailing address Leonard Jackson 2748 KOLLMAN DR APT 5 SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.250 4</div>	Nonpriority creditor's name and mailing address Leonard Morris Jr 1114 KENTUCKY ST VALLEJO, CA 94590 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.250 5</div>	Nonpriority creditor's name and mailing address LEONARD SHAFER 120 GRAND VIEW AVENUE ALIQUIPPA, PA 15001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.250 6</div>	Nonpriority creditor's name and mailing address LEONARDO DANIEL ROCHA 316 N GAGE AVE LOS ANGELES, CA 90011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.250 7</div>	Nonpriority creditor's name and mailing address Leonardo Daniel Rocha 316 N GAGE AVE LOS ANGELES, CA 90011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.250 8	Nonpriority creditor's name and mailing address Leonel Christian Canales Andalis 24395 DIXON ST HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.250 9	Nonpriority creditor's name and mailing address LEONID V RIBALCO 2125 SAFFARIAN CT SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.251 0	Nonpriority creditor's name and mailing address Leonid V Ribalko 2125 SAFFARIAN CT SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.251 1	Nonpriority creditor's name and mailing address Leslie Ann Shraifer 6341 N. Devonshire Drive Los Angeles, CA 90012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.251 2	Nonpriority creditor's name and mailing address LESLIE MARK SNELL 1495 DON AVE APT 161 SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.251 3	Nonpriority creditor's name and mailing address Lester Dwight Toles 3641 LAFAYETTE ST APT 02 SANTA CLARA, CA 95054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<hr/>			
3.251 4	Nonpriority creditor's name and mailing address LESTER FRANK PATILLA 20667 BLOSSOM COMMONS HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.251 5	Nonpriority creditor's name and mailing address Lester Frank Patilla 20667 BLOSSOM COMMONS HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.251 6	Nonpriority creditor's name and mailing address Leticia Tolentino Trejo 2717 BURLINGAME WAY SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.251 7	Nonpriority creditor's name and mailing address LEWIS DAVIS 1109 PROGRESS ST MC KEES ROCKS, PA 15136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.251 8	Nonpriority creditor's name and mailing address Lewis Sustaita Jr 8060 SWANSTON LN GILROY, CA 95020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.251 9	Nonpriority creditor's name and mailing address Librado Roberto Medina Martinez 2220 MEADOWGATE WAY SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.252 0	Nonpriority creditor's name and mailing address Liliah Ondera Mabon 2020 SAGE SPARROW ST. BRENTWOOD, CA 94513 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.252 1	Nonpriority creditor's name and mailing address Linnie Thi Nguyen 3221 LONE BLUFF WAY SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.252 2	Nonpriority creditor's name and mailing address Lisa Latasha Hollman 4675 APPIAN WAY APT 105 EL SOBRANTE, CA 94803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.252 3	Nonpriority creditor's name and mailing address LISA LYNN DRAKE 120 DIXON LANDING RD APT 120 MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.252 4	Nonpriority creditor's name and mailing address Lisa Lynn Drake 120 DIXON LANDING RD APT 120 MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.252 5	Nonpriority creditor's name and mailing address Lisiane Carvalho De Castro 4096 18TH ST APT 8 SAN FRANCISCO, CA 94114 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.252 6</div>	Nonpriority creditor's name and mailing address LISSETTE ROSAS-VILLA 436 CLINTON ST APT 4 REDWOOD CITY, CA 94063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.252 7</div>	Nonpriority creditor's name and mailing address Lissette Rosas-Villa 436 CLINTON ST APT 4 REDWOOD CITY, CA 94063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.252 8</div>	Nonpriority creditor's name and mailing address LIZ MUNOZ 442 51ST STREET APT 1R BROOKLYN, NY 11220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.252 9</div>	Nonpriority creditor's name and mailing address Lizbeth Paola Barronmontoya 14758 MARTELL AVE APT B SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.253 0</div>	Nonpriority creditor's name and mailing address LLOYD MAXIMILLI WASHINGTON 1845 S ST ANDREWS PL APT 9 LOS ANGELES, CA 90019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.253 1</div>	Nonpriority creditor's name and mailing address Lloyd Maximillian Washington 1845 S ST ANDREWS PL APT 9 LOS ANGELES, CA 90019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.253 2	Nonpriority creditor's name and mailing address Loc Ba Giang 1520 E CAPITOL EXPY 129 SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.253 3	Nonpriority creditor's name and mailing address Loc Dinh Hoang 1652 CRUCERO DR APT # 4 SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.253 4	Nonpriority creditor's name and mailing address Long Building Technologies PO Box 5501 Denver, CO 80217 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,500.00
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3.253 5	Nonpriority creditor's name and mailing address Long Duc Dao 3167 HERITAGE SPRINGS CT SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.253 6	Nonpriority creditor's name and mailing address Long Thanh Nguyen 1223 SYLVIA DR SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.253 7	Nonpriority creditor's name and mailing address LONG THANH VU TRAN 1902 BEVERLY BLVD SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

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3.253 8	Nonpriority creditor's name and mailing address Long Thanh Vu Tran 1902 BEVERLY BLVD SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.253 9	Nonpriority creditor's name and mailing address Long Van Nguyen 3155 PAYNE AVE #15 SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.254 0	Nonpriority creditor's name and mailing address LOREN STEELE 1288 6TH STREET WESTMORELAND, PA 15692 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.254 1	Nonpriority creditor's name and mailing address Lorena Lisette Navarrete 275 PARK PASEO LN APT F LOS ANGELES, CA 90033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.254 2	Nonpriority creditor's name and mailing address LORI ZAVACKY 334 VIRGINIA AVE MOUNT WASHINGTON, PA 15211 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.254 3	Nonpriority creditor's name and mailing address LORIE CABUDIL MARINICK 7555 MISSION ST UNIT 204 DALY CITY, CA 94014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.254 4	Nonpriority creditor's name and mailing address Lorie Cabudil Marinick 7555 MISSION ST UNIT 204 DALY CITY, CA 94014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.254 5	Nonpriority creditor's name and mailing address Louis Anthony Barreto 748 CLARA VISTA AVE SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.254 6	Nonpriority creditor's name and mailing address Louis Centeno 11740 ALLIN ST #138 CULVER CITY, CA 90230 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.254 7	Nonpriority creditor's name and mailing address LOUIS GEBRETENSAI 11555 17TH AVE NE SEATTLE, WA 98125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.254 8	Nonpriority creditor's name and mailing address Lounes Ziam 6040 WENK AVE APT 5 RICHMOND, CA 94804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.254 9	Nonpriority creditor's name and mailing address Loureuna Tamrea Wytch 1216 HASKELL ST BERKELEY, CA 94702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

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3.255 0	Nonpriority creditor's name and mailing address Lovee Precious Stanberry 1370 10TH ST OAKLAND, CA 94607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.255 1	Nonpriority creditor's name and mailing address Lovevina Johnson 3445 SUMMER PARK DR APT 190 SACRAMENTO, CA 95834 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.255 2	Nonpriority creditor's name and mailing address LSO Final Mile Po Box 678576 Dallas, TX 75267-8576 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$21.04
3.255 3	Nonpriority creditor's name and mailing address LUBER DANILO ARAYA 2969 GLEN CROW COURT SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.255 4	Nonpriority creditor's name and mailing address Luber Danilo Araya 2969 GLEN CROW COURT SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.255 5	Nonpriority creditor's name and mailing address LUCAS VADER 19902 113TH ST E BONNEY LAKE, WA 98391 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.255 6	Nonpriority creditor's name and mailing address Lucretia Anne Walker 647 VIRGINIA CIRCLE UNIT A SAN BERNARDINO, CA 92405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.255 7	Nonpriority creditor's name and mailing address LUCRETIA LORIA-PUNCH 2800 HERRINGTON WOODS COURT LAWRENCEVILLE, GA 30044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.255 8	Nonpriority creditor's name and mailing address LUIS ALBERTO CANCINO BOLANOS 1285 AYALA DR. APT 2 SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.255 9	Nonpriority creditor's name and mailing address Luis Alberto Cancino Bolanos 1285 AYALA DR. APT 2 SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.256 0	Nonpriority creditor's name and mailing address Luis Alberto Santiago 16560 DEL MONTE AVE MORGAN HILL, CA 95037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.256 1	Nonpriority creditor's name and mailing address Luis Alberto Zamarripa Granados 1323 MADERA AVE MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.256 2	Nonpriority creditor's name and mailing address Luis Angel Hernandez Martinez 2780 WESTBERRY DR SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.256 3	Nonpriority creditor's name and mailing address Luis Antonio C Miranda 516 OREGON ST WATSONVILLE, CA 95076 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.256 4	Nonpriority creditor's name and mailing address Luis Antonio Ramirez Macias 166 LACROSSE DR MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.256 5	Nonpriority creditor's name and mailing address Luis Banuelos 18222C HALE AVE MORGAN HILL, CA 95037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.256 6	Nonpriority creditor's name and mailing address LUIS ENRIQUE QUIROZ 1082 OAKMONT DR APT #6 SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.256 7	Nonpriority creditor's name and mailing address Luis Enrique Quiroz 1082 OAKMONT DR APT #6 SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.256 8	Nonpriority creditor's name and mailing address Luis Felipe Benites 240 E OKEEFE ST APT 10 E PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.256 9	Nonpriority creditor's name and mailing address Luis Giron Yuja 3241 BENTON STREET SANTA CLARA, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.257 0	Nonpriority creditor's name and mailing address Luis Julio Aleman 636 MAC ARTHUR AVE REDWOOD CITY, CA 94063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.257 1	Nonpriority creditor's name and mailing address Luis Manuel Solis Cardoza 5908 WYMAN ST SAN PABLO, CA 94806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.257 2	Nonpriority creditor's name and mailing address Luis Miguel Alvarez 776 BAIRD AVE SANTA CLARA, CA 95054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.257 3	Nonpriority creditor's name and mailing address LUIS RENDON 414 E 130TH ST LOS ANGELES, CA 90061 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.257 4</div>	Nonpriority creditor's name and mailing address LUNGRIG GYALTSEN 2717 LINCOLN AVE RICHMOND, CA 94804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.257 5</div>	Nonpriority creditor's name and mailing address Lungrig Gyaltsen 2717 LINCOLN AVE RICHMOND, CA 94804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.257 6</div>	Nonpriority creditor's name and mailing address Luzmila Maria Evens 1075 SPACE PARK WAY #140 MOUNTAIN VIEW, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.257 7</div>	Nonpriority creditor's name and mailing address Lydia Castro 922 PRINCESS ANNE DRIVE SAN JOSE, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.257 8</div>	Nonpriority creditor's name and mailing address Lydia Quintero 1550 EVERTT ST APT C ALAMEDA, CA 94501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.257 9</div>	Nonpriority creditor's name and mailing address LYNDSEY RENEE JOHNSON 1617 QUEEN CHARLOTTE DR APT 17 SUNNYVALE, CA 94087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

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3.258 0	Nonpriority creditor's name and mailing address Lyndsey Renee Johnson 1617 QUEEN CHARLOTTE DR APT 17 SUNNYVALE, CA 94087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.258 1	Nonpriority creditor's name and mailing address MAAN SHAKIR MAH RAOOF 2868 S NORFOLK APT H SAN MATEO, CA 94403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.258 2	Nonpriority creditor's name and mailing address Maan Shakir Mahmood Raoof 2868 S NORFOLK APT H SAN MATEO, CA 94403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.258 3	Nonpriority creditor's name and mailing address Mack Edward Moore 346 105TH AVE APT I OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.258 4	Nonpriority creditor's name and mailing address Mack Kong San PO BOX 14913 FREMONT, CA 94539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.258 5	Nonpriority creditor's name and mailing address MAE SAECHAO 3201 LOMA VERDE DR APT 120 SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.258 6	Nonpriority creditor's name and mailing address Mae Saechao 3201 LOMA VERDE DR APT 120 SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.258 7	Nonpriority creditor's name and mailing address MAGDALENA MORALES 4064 LACONIA AVE 2A BRONX, NY 10466 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.258 8	Nonpriority creditor's name and mailing address Mahendra Ranabhat 39648 WALL COMMON APT N FREMONT, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.258 9	Nonpriority creditor's name and mailing address Maher Hamood Alghazali 2035 PLACER DR SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.259 0	Nonpriority creditor's name and mailing address Mail Delivery Service PO Box 33022 Detroit, MI 48232-2065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,929.09
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3.259 1	Nonpriority creditor's name and mailing address Mail Delivery Service of KC Inc PO Box 418099 Kanas City, MO 64141 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,686.32
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Debtor **A-1 Express Delivery Service, Inc.**

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Name

<div style="border: 1px solid black; padding: 2px;">3.259 2</div>	Nonpriority creditor's name and mailing address Mail Dispatch PO Box 85430 San Diego, CA 92186 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$773.22
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<div style="border: 1px solid black; padding: 2px;">3.259 3</div>	Nonpriority creditor's name and mailing address MailCo USA Inc 3186 South School Ave Fayetteville, AR 72701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$871.50
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<div style="border: 1px solid black; padding: 2px;">3.259 4</div>	Nonpriority creditor's name and mailing address Mailroom Specialist PO Box 37286 Oak Park, MI 48237 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,400.00
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<div style="border: 1px solid black; padding: 2px;">3.259 5</div>	Nonpriority creditor's name and mailing address Majid Wajdi Hamdi 2775 W BALL RD ANAHEIM, CA 92804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px;">3.259 6</div>	Nonpriority creditor's name and mailing address MALACHI WALTON 3406 HOYT AVE EVERETT, WA 98201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px;">3.259 7</div>	Nonpriority creditor's name and mailing address MALCOLM JAMAAL LANE 30600 ENGINE HOUSE DR UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.259 8	Nonpriority creditor's name and mailing address Malcolm Jamaal Lane 30600 ENGINE HOUSE DR UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.259 9	Nonpriority creditor's name and mailing address MALCOLM JOHNSON 680 SHADE AVE APT 4B PITTSBURGH, PA 15202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.260 0	Nonpriority creditor's name and mailing address Malcolm Xavier Gattis 1019 CENTER STREET OAKLAND, CA 94607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.260 1	Nonpriority creditor's name and mailing address MAMADOU CISSE 2101 SW SUNSET BLVD E410 RENTON, WA 98057 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.260 2	Nonpriority creditor's name and mailing address MAMADOU THIAM 22831 30TH AVE 305 DES MOINES, WA 98198 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.260 3	Nonpriority creditor's name and mailing address Man Duong 8 JACKRABBIT LANE CARSON, CA 90745 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.260
4 Nonpriority creditor's name and mailing address **MANDY FROMAN**
PO BOX 12741
MILL CREEK, WA 98082
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

\$0.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

3.260
5 Nonpriority creditor's name and mailing address **Mangrove Cay LP**
2500 Eldo Road
Monroeville, PA 15146
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

\$0.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _____

Is the claim subject to offset? ☒ No ☐ Yes

3.260
6 Nonpriority creditor's name and mailing address **Manpreet Singh Bains**
34248 ASPEN LOOP
UNION CITY, CA 94587
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

\$0.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.260
7 Nonpriority creditor's name and mailing address **MANUEL F GONZALES**
4027 DOANE ST
FREMONT, CA 94538
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

\$0.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

3.260
8 Nonpriority creditor's name and mailing address **Manuel F Gonzales**
4027 DOANE ST
FREMONT, CA 94538
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

\$0.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.260
9 Nonpriority creditor's name and mailing address **Manuel Felix Salazar**
1523 SCOTT RD APT C
BURBANK, CA 91504
Date(s) debt was incurred _____
Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

\$0.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.261 0	Nonpriority creditor's name and mailing address Manuel Nicolas Candia 1478 caliente way San Jose, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.261 1	Nonpriority creditor's name and mailing address Manuel Perez 315 GREY GHOST AVE SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.261 2	Nonpriority creditor's name and mailing address MANUEL RIVERA JR 538 CAPITOL ST SALINAS, CA 93901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.261 3	Nonpriority creditor's name and mailing address Manuel Rivera Jr 538 CAPITOL ST SALINAS, CA 93901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.261 4	Nonpriority creditor's name and mailing address Maraj U Baha 9274 FRANKLIN BLVD APT 257 ELK GROVE, CA 95758 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.261 5	Nonpriority creditor's name and mailing address Marathon Express 3210 Coffey Lane Ste A Santa Rosa, CA 95403-1924 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,245.45
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.261 6	Nonpriority creditor's name and mailing address Marbelyn Galo 5551 BLACKWELDEN ST LOS ANGELES, CA 90016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.261 7	Nonpriority creditor's name and mailing address Marc Alexander Siegel 1901 IRON PEAK CT ANTIOCH, CA 94531 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.261 8	Nonpriority creditor's name and mailing address Marc Andro Vicera 505 SHELL PARKWAY 1204 REDWOOD CITY, CA 94065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.261 9	Nonpriority creditor's name and mailing address Marc Horace Spencer 4522 WAGON CT ANTIOCH, CA 94531 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.262 0	Nonpriority creditor's name and mailing address Marc Lester Zapata Jamilano 1256 N HILLVIEW DR MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.262 1	Nonpriority creditor's name and mailing address Marcel Derron Frazier 7950 NEY AVE APT 10 OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Name

3.262 2	Nonpriority creditor's name and mailing address Marcel Walker 456 BURLWOOD AVE OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.262 3	Nonpriority creditor's name and mailing address Marcela Lombard 3434 MONROE ST #4 SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.262 4	Nonpriority creditor's name and mailing address MARCELL LAUMONT LEWIS 8889 SPRINGHURST DR ELK GROVE, CA 95715 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.262 5	Nonpriority creditor's name and mailing address Marcell Laumont Lewis 8889 SPRINGHURST DR ELK GROVE, CA 95715 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.262 6	Nonpriority creditor's name and mailing address Marcello Norris 380 Northlake dr apt 4 San Jose, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.262 7	Nonpriority creditor's name and mailing address MARCELO A HENANDEZ 2712 SEA CREST AVE LONG BEACH, WA 98631 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

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Name

3.262 8	Nonpriority creditor's name and mailing address MARCELO TINGZON GABUYA 160 CHECKERS DR SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.262 9	Nonpriority creditor's name and mailing address Marcelo Tingzon Gabuya 160 CHECKERS DR SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.263 0	Nonpriority creditor's name and mailing address MARCO ANTONIO BARRERA 15326 WASHINGTON AVE COMPTON, CA 90221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.263 1	Nonpriority creditor's name and mailing address Marco Antonio Barrera 15326 WASHINGTON AVE COMPTON, CA 90221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.263 2	Nonpriority creditor's name and mailing address Marco Antonio Gomez 1356 W 110TH ST LOS ANGELES, CA 90044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.263 3	Nonpriority creditor's name and mailing address Marco Antonio Zaragoza 3217 E CESAR CHAVEZ AVE LOS ANGELES, CA 90063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.263 4	Nonpriority creditor's name and mailing address MARCO DOMINIC GLAUDE 2283 INTERNATIONAL BOULEVARD APT 107 OAKLAND, CA 94606 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.263 5	Nonpriority creditor's name and mailing address Marco Dominic Glaude 2283 INTERNATIONAL BOULEVARD APT 107 OAKLAND, CA 94606 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.263 6	Nonpriority creditor's name and mailing address MARCOS ANTONIO SOTO 3480 MT MADONNA DR SAN JOSE, CA 95127 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.263 7	Nonpriority creditor's name and mailing address Marcos Antonio Soto 3480 MT MADONNA DR SAN JOSE, CA 95127 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.263 8	Nonpriority creditor's name and mailing address Marcos C Relano 203 OAK AVE REDWOOD CITY, CA 94061 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.263 9	Nonpriority creditor's name and mailing address Marcos Daniel Ferreira 6550 YUCCA ST APT 322 HOLLYWOOD, CA 90028 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Case number (if known)

17-52865

Name

3.264 0	Nonpriority creditor's name and mailing address Marcos Pena Jimenez 2101 PALM BEACH WAY SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.264 1	Nonpriority creditor's name and mailing address MARCUS ANTHONY FORDE 569 SOUTH SECOND ST APT 8 SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.264 2	Nonpriority creditor's name and mailing address Marcus Anthony Forde 569 SOUTH SECOND ST APT 8 SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.264 3	Nonpriority creditor's name and mailing address MARCUS EUGENE RICHARD 909 MULBERRY WAY ANTIOCH, CA 94509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.264 4	Nonpriority creditor's name and mailing address Marcus Eugene Richard 909 MULBERRY WAY ANTIOCH, CA 94509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.264 5	Nonpriority creditor's name and mailing address Marcus Freeman 2124 S SYCAMORE AVE #3 LOS ANGELES, CA 90016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.264 6	Nonpriority creditor's name and mailing address Marcus Makio Davis 1407 FOREST RUN HERCULES, CA 94547 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.264 7	Nonpriority creditor's name and mailing address MARGARET LUCY GAUTHIER 5862 OLEANDER DR NEWARK, CA 94560 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.264 8	Nonpriority creditor's name and mailing address Margaret Lucy Gauthier 5862 OLEANDER DR NEWARK, CA 94560 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.264 9	Nonpriority creditor's name and mailing address Margaret Rose Inferrera 475 CHERRY AVE SAN BRUNO, CA 94066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.265 0	Nonpriority creditor's name and mailing address Maria Annette Fisher 118 HOLLOWAY AVE APT 118 SAN FRANCISCO, CA 94112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.265 1	Nonpriority creditor's name and mailing address Maria D Rosas Ramirez 745 REMO ST SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**
Name

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3.265 2	Nonpriority creditor's name and mailing address MARIA DE LOS AN ARELLANO MEZA 2207 LOS PADRES BLVD APT A SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.265 3	Nonpriority creditor's name and mailing address Maria Del Pilar Sanche 1257 W 41st Street 0 Los Angeles, CA 90037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.265 4	Nonpriority creditor's name and mailing address Maria Elena Saldana 885 LAKECHIME DR. SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.265 5	Nonpriority creditor's name and mailing address Maria Lastenia Molina Aviles 670 JOHANNA AVE APT 2 SUNNYVALE, CA 94085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.265 6	Nonpriority creditor's name and mailing address Maria Lluvia Guerrero 325 KENMORE AVE SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.265 7	Nonpriority creditor's name and mailing address Maria Los Angele Arellano Meza 2207 LOS PADRES BLVD APT A SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

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Name

3.265 8	Nonpriority creditor's name and mailing address Maria Maciel 1014 GRANT STREET APT C SANTA MONICA, CA 90405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.265 9	Nonpriority creditor's name and mailing address MARIA MARGOUX R CHAVEZ 1549 BAILEY DR FAIRFIELD, CA 94533 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.266 0	Nonpriority creditor's name and mailing address Maria Margoux R Chavez 1549 BAILEY DR FAIRFIELD, CA 94533 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.266 1	Nonpriority creditor's name and mailing address Maria Marin 1041 YORK ST SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.266 2	Nonpriority creditor's name and mailing address MARIA MURILLO 1406 NW RICHMOND BEACH RD 15 SEATTLE, WA 98177 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.266 3	Nonpriority creditor's name and mailing address Maria Poot 1842 LAVONNE AVENUE SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

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Name

3.266 4	Nonpriority creditor's name and mailing address MARIANA CATALIN SEEPE 220 MARINA WAY REDONDO BEACH, CA 90277 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.266 5	Nonpriority creditor's name and mailing address Mariana Catalina Seepe 220 MARINA WAY REDONDO BEACH, CA 90277 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.266 6	Nonpriority creditor's name and mailing address Mariano Cruz Urquico 5 MARINER LANE DALY CITY, CA 94014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.266 7	Nonpriority creditor's name and mailing address Mariasha Shanice Serrao 1466 INNES AVE SAN FRANCISCO, CA 94124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.266 8	Nonpriority creditor's name and mailing address Marie Louise Gonzalez 1496 BERONA WAY SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.266 9	Nonpriority creditor's name and mailing address MARILYN LUCILLE CHOUYANG 606 SANTA CRUZ TERRACE SUNNYVALE, CA 94085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.267 0	Nonpriority creditor's name and mailing address Marilyn Lucille Rose Chouyang 606 SANTA CRUZ TERRACE SUNNYVALE, CA 94085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.267 1	Nonpriority creditor's name and mailing address Mario A. Hernandez-Ortega 2124 8TH AVE APT B OAKLAND, CA 94606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.267 2	Nonpriority creditor's name and mailing address Mario Alberto Perez Baez 22593 7TH ST HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.267 3	Nonpriority creditor's name and mailing address Mario Alberto Rodriguez 381 E WASHINGTON AVE SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.267 4	Nonpriority creditor's name and mailing address Mario Aranda 62 NORTH 33RD STREET SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.267 5	Nonpriority creditor's name and mailing address Mario Benjamin Cornell 1280 E 127TH ST LOS ANGELES, CA 90059 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.267 6	Nonpriority creditor's name and mailing address MARIO ELIAS CARABAJAL 225 HYDE ST APT 221 SAN FRANCISCO, CA 94102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.267 7	Nonpriority creditor's name and mailing address Mario Elias Carabajal 225 HYDE ST APT 221 SAN FRANCISCO, CA 94102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.267 8	Nonpriority creditor's name and mailing address MARIO GARCIA 464 STONEFORD AVE OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.267 9	Nonpriority creditor's name and mailing address Mario Garcia 464 STONEFORD AVE OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.268 0	Nonpriority creditor's name and mailing address Mario Garza 1575 MCDANIEL AVE SAN JOSE, CA 95126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.268 1	Nonpriority creditor's name and mailing address Mario Martinez Jr 9136 THERMAL ST OAKLAND, CA 91765 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.268 2	Nonpriority creditor's name and mailing address Marissa Paschal 1924 JULIE AVE FULLERTON, CA 92833 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.268 3	Nonpriority creditor's name and mailing address MARITZA ORTIZ 2932 AVENUE V APT 5A BROOKLYN, NY 11229 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.268 4	Nonpriority creditor's name and mailing address Mariza Flores Krasno 1909 LIMEWOOD DR SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.268 5	Nonpriority creditor's name and mailing address Mariza Nicole Mendez 760 N. 7TH ST APT 3317 SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.268 6	Nonpriority creditor's name and mailing address Mark A Brulee 2612 HUDSPETH ST INGLEWOOD, CA 90303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.268 7	Nonpriority creditor's name and mailing address MARK A RISACHER 3010 GRANITE DR CONYERS, GA 30012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.268 8	Nonpriority creditor's name and mailing address Mark Alexander Vega 151 W 47TH PLACE LOS ANGELES, CA 90037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.268 9	Nonpriority creditor's name and mailing address Mark Anthony Camaddo Llamelo 31050 NEW HAVEN ST APT #1 UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.269 0	Nonpriority creditor's name and mailing address Mark Anthony Euceda 727 S SADLER AVE LOS ANGELES, CA 90022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.269 1	Nonpriority creditor's name and mailing address Mark Anthony Haylock Jr 1507 W 36TH PL LOS ANGELES, CA 90018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.269 2	Nonpriority creditor's name and mailing address MARK ANTHONY HERNANDEZ 1549 MARIN AVE SAN JOSE, CA 95126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.269 3	Nonpriority creditor's name and mailing address Mark Anthony Hernandez 1549 MARIN AVE SAN JOSE, CA 95126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor	A-1 Express Delivery Service, Inc.	Case number (if known)	17-52865
	Name		

3.269 4	Nonpriority creditor's name and mailing address MARK ANTHONY ORTIZ 2996 SUNBURST DR SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.269 5	Nonpriority creditor's name and mailing address Mark Anthony Ortiz 2996 SUNBURST DR SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.269 6	Nonpriority creditor's name and mailing address MARK ANTHONY POL 14447 MERCED ST SAN LEANDRO, CA 94579 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.269 7	Nonpriority creditor's name and mailing address Mark Anthony Pol 14447 MERCED ST SAN LEANDRO, CA 94579 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.269 8	Nonpriority creditor's name and mailing address MARK ARINGTON 21323 95TH AVE W EDMONDS, WA, WA 98020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.269 9	Nonpriority creditor's name and mailing address Mark Cayabyab 1446 H ST UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.270 0	Nonpriority creditor's name and mailing address Mark Fleuter 153-B KITTOE DR MOUNTAIN VIEW, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.270 1	Nonpriority creditor's name and mailing address Mark Nathaniel Repat Medalle 3237 SAN CARLOS WAY UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.270 2	Nonpriority creditor's name and mailing address MARK ONEAL CRAWFORD 4149 MERA ST OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.270 3	Nonpriority creditor's name and mailing address Mark Oneal Crawford 4149 MERA ST OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.270 4	Nonpriority creditor's name and mailing address Mark patrick Saucedo 1333 MERRIVALE WEST SQUARE SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.270 5	Nonpriority creditor's name and mailing address MARK THOMPSON 5818 15TH AVE S 203 SEATTLE, WA 98108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc.	Case number (if known)	17-52865
	Name		

3.270 6	Nonpriority creditor's name and mailing address Mark William Smith 2568 AMARYL DR SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.270 7	Nonpriority creditor's name and mailing address Mark Wishowski 3565 S. Centinela Ave. #8 Los Angeles, CA 90066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.270 8	Nonpriority creditor's name and mailing address MARKELLE JERMAI SINGLETON 209 EAST HAZEL STREET INGLEWOOD, CA 90302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.270 9	Nonpriority creditor's name and mailing address Markelle Jermaine Singleton 209 EAST HAZEL STREET INGLEWOOD, CA 90302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.271 0	Nonpriority creditor's name and mailing address MARLON DENARD DAVIS JR 2916 PEAR ST ANTIOCH, CA 94509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.271 1	Nonpriority creditor's name and mailing address Marlon Denard Davis Jr 2916 PEAR ST ANTIOCH, CA 94509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
<hr/>			
3.271 2	Nonpriority creditor's name and mailing address Marlon Manuel Obsuna 398 HEATH ST MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.271 3	Nonpriority creditor's name and mailing address MARLOW LEE 1406 SEMINARY AVE APT A OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.271 4	Nonpriority creditor's name and mailing address Marlow Lee 1406 SEMINARY AVE APT A OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.271 5	Nonpriority creditor's name and mailing address Marque Terrence Willis 772 SOUTH 2ND ST APT E SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.271 6	Nonpriority creditor's name and mailing address Marquel Maurice Balentine 1220 BRAHMS COMMON FREMONT, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.271 7	Nonpriority creditor's name and mailing address Marques Contreras 16227 EUCALYPTUS AVENUE APT 62 BELLFLOWER, CA 90706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
<hr/>			
3.271 8	Nonpriority creditor's name and mailing address MARQUI MONTEL WALKER 1255 HAYS ST APT 14 SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.271 9	Nonpriority creditor's name and mailing address Marqui Montel Walker 1255 HAYS ST APT 14 SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.272 0	Nonpriority creditor's name and mailing address Marquis Bess 1115 ELA DERA DR LONG BEACH, CA 90807 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.272 1	Nonpriority creditor's name and mailing address MARQUISE MARTEL WOODS 113 CASSIA DR HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.272 2	Nonpriority creditor's name and mailing address Marquise Martel Woods 113 CASSIA DR HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.272 3	Nonpriority creditor's name and mailing address Marquita A Hutchinson 6475 FOOTHILL BLVD APT 302 OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.272 4	Nonpriority creditor's name and mailing address Marshall William Plumeri 1601 SHREEN CT SAN JOSE, CA 95124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.272 5	Nonpriority creditor's name and mailing address Marshawn Omega Bluford 2619 CARNATION DR FAIRFIELD, CA 94533 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.272 6	Nonpriority creditor's name and mailing address MARSHALL TRAYCI THOMAS HEARNE P O BOX 5691 OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.272 7	Nonpriority creditor's name and mailing address Marshall Trayci Thomas Hearne P O BOX 5691 OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.272 8	Nonpriority creditor's name and mailing address MARTEL CAMPOS MEJIA 1249 HOPKINS DR SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.272 9	Nonpriority creditor's name and mailing address Martel Campos Mejia 1249 HOPKINS DR SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.** Case number (if known) **17-52865**

Name

3.273 0	Nonpriority creditor's name and mailing address Martin Arana 11122 HULME AVE LYNWOOD, CA 90262 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.273 1	Nonpriority creditor's name and mailing address Martin Lavel Tate 332 65TH ST LONG BEACH, CA 90805 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.273 2	Nonpriority creditor's name and mailing address Martin Philip Castro Jr 3201 HOOVER ST REDWOOD CITY, CA 94063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.273 3	Nonpriority creditor's name and mailing address Martin Powell Craighead 1309 JAMES CT SAN MATEO, CA 94401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.273 4	Nonpriority creditor's name and mailing address Martin Tuan Nguyen 1302 DANIEL CT MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.273 5	Nonpriority creditor's name and mailing address MARTINA MARIE THOMAS 1601 165TH AVE APT 132 SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.273 6	Nonpriority creditor's name and mailing address Martina Marie Thomas 1601 165TH AVE APT 132 SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.273 7	Nonpriority creditor's name and mailing address MARVIN HORN 830 S FLOWER ST APT 4 INGLEWOOD, CA 90301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.273 8	Nonpriority creditor's name and mailing address Marvin Horn 830 S FLOWER ST APT 4 INGLEWOOD, CA 90301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.273 9	Nonpriority creditor's name and mailing address Marvin Jake Cariaga 3028 CORAL COURT SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.274 0	Nonpriority creditor's name and mailing address Mary Elizabeth Johnson 45 W CLOVER RD TRACY, CA 95376 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.274 1	Nonpriority creditor's name and mailing address Maryam Dastagir 406 WEST HARDER RD HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.274 2	Nonpriority creditor's name and mailing address MARYLOU BALICAS ESTOLERO 33 MASSASOIT ST SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.274 3	Nonpriority creditor's name and mailing address Marylou Balicas Estolero 33 MASSASOIT ST SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.274 4	Nonpriority creditor's name and mailing address MASTONEH MEDI 21090 WHITE FIR CT CUPERTINO, CA 95014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.274 5	Nonpriority creditor's name and mailing address Mastoneh Medi 21090 WHITE FIR CT CUPERTINO, CA 95014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.274 6	Nonpriority creditor's name and mailing address Masumeh Bagherian 382 LOS ENCINOS CT SAN JOSE, CA 95134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.274 7	Nonpriority creditor's name and mailing address MATHIAS ANTHONY CARREON 496 SAFARI DR SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor A-1 Express Delivery Service, Inc.		Case number (if known) 17-52865
<small>Name</small>		
<div>3.274 8</div>	Nonpriority creditor's name and mailing address Mathias Anthony Carreon 496 SAFARI DR SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.274 9</div>	Nonpriority creditor's name and mailing address MATTEWOS MEBRATU 3747 142ND ST 108 TUKWILA, WA 98168 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.275 0</div>	Nonpriority creditor's name and mailing address Matthew Albert Mansilla 32595 CARMEL WAY UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.275 1</div>	Nonpriority creditor's name and mailing address Matthew Barrios 1315 SOUTHGATE AVE DALY CITY, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.275 2</div>	Nonpriority creditor's name and mailing address Matthew Benjamin Hoffman 1459 Montego Dr San Jose, CA 95120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.275 3</div>	Nonpriority creditor's name and mailing address Matthew Bernardino Espinosa 2752 VALLEY HEIGHTS DR SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.275 4</div>	Nonpriority creditor's name and mailing address Matthew Dado 254 BANANA GROVE SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.275 5</div>	Nonpriority creditor's name and mailing address Matthew David Mercado 120 MARSH PLACE SAN RAMON, CA 94583 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.275 6</div>	Nonpriority creditor's name and mailing address Matthew Dennis Gaughan 4846 CRESTONE NEEDLE WAY ANTIOCH, CA 94531 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.275 7</div>	Nonpriority creditor's name and mailing address MATTHEW EMMANUE BUNKLEY 1953 S CRESCENT HEIGHTS BLVD LOS ANGELES, CA 90034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.275 8</div>	Nonpriority creditor's name and mailing address Matthew Emmanuel Bunkley 1953 S CRESCENT HEIGHTS BLVD LOS ANGELES, CA 90034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.275 9</div>	Nonpriority creditor's name and mailing address MATTHEW HARRISO SAS 17505 SE 300TH ST KENT, WA 98042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

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3.276 0	Nonpriority creditor's name and mailing address MATTHEW HARTMAN 1178 PIEDMONT AVE NE B15 ATLANTA, GA 30309 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.276 1	Nonpriority creditor's name and mailing address MATTHEW HILL 606 MILL AVE S APT 7 RENTON, WA 98057 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.276 2	Nonpriority creditor's name and mailing address MATTHEW JOSEPH MARTINEZ 1533 DARLENE AVE SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.276 3	Nonpriority creditor's name and mailing address Matthew Joseph Martinez 1533 DARLENE AVE SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.276 4	Nonpriority creditor's name and mailing address MATTHEW LAW SIMON 42925 CHARLESTON WAY FREMONT, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.276 5	Nonpriority creditor's name and mailing address Matthew Law Simon 42925 CHARLESTON WAY FREMONT, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc.	Case number (if known)	17-52865
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3.276 6	Nonpriority creditor's name and mailing address Matthew Obrien Smith 1024 PRINCESS ANNE DR. SAN JOSE, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.276 7	Nonpriority creditor's name and mailing address MATTHEW OCONNOR LESNIKOSKI 135 RIO ROBLES E APT 162 SAN JOSE, CA 95134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.276 8	Nonpriority creditor's name and mailing address Matthew Oconnor Lesnikoski 135 RIO ROBLES E APT 162 SAN JOSE, CA 95134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.276 9	Nonpriority creditor's name and mailing address MATTHEW PETRILL 3427 DOGWOOD PL WEST HOMESTEAD, PA 15120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.277 0	Nonpriority creditor's name and mailing address MATTHEW REVESTI TIANERO 1743 APRILSONG COURT SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.277 1	Nonpriority creditor's name and mailing address Matthew Revestir Tianero 1743 APRILSONG COURT SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **A-1 Express Delivery Service, Inc.**

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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.277 2</div>	Nonpriority creditor's name and mailing address Matthew Robert Goodwin-Cruz Jr 30 SHEPARDSON LANE APT 30 ALAMEDA, CA 94502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.277 3</div>	Nonpriority creditor's name and mailing address Matthew Robert Oranje 409 PENNSYLVANIA ST APT 7 VALLEJO, CA 94590 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.277 4</div>	Nonpriority creditor's name and mailing address MATTHEW THOMAS HICKOX 4819 LOUISE CT FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.277 5</div>	Nonpriority creditor's name and mailing address Matthew Thomas Hickox 4819 LOUISE CT FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.277 6</div>	Nonpriority creditor's name and mailing address Matthew Thomas Knorpp 12 Michael ct San Carlos, CA 94070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.277 7</div>	Nonpriority creditor's name and mailing address MATTIE RAIFORD 12610 14TH AVE SW BURIEN, WA 98146 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc.	Case number (if known)	17-52865
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3.277 8	Nonpriority creditor's name and mailing address MAUNG AUNG A THET 39310 LOGAN DR FREMONT, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.277 9	Nonpriority creditor's name and mailing address Maung Aung A Thet 39310 LOGAN DR FREMONT, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.278 0	Nonpriority creditor's name and mailing address Maung Phyo Maung Han 142 CAMELIA DR DALY CITY, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.278 1	Nonpriority creditor's name and mailing address MAURICE ANTHONY TAYLOR JR 4056 VINCETON ST PITTSBURGH, PA 15214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.278 2	Nonpriority creditor's name and mailing address MAURICE BROWN 210 W 140TH ST APT 2A NEW YORK, NY 10030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.278 3	Nonpriority creditor's name and mailing address MAURICE FLOYD 5182 SCHENLEY AVE PITTSBURGH, PA 15224 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.278 4	Nonpriority creditor's name and mailing address Mauricio Jesus Escalante 12927 ROSELLE AVE APT 7 HAWTHORNE, CA 90250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.278 5	Nonpriority creditor's name and mailing address Maurisha Maybelline Collins 1732 SUNNYDALE AVE SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.278 6	Nonpriority creditor's name and mailing address Max Huy Minh Dang 1925 STOKES ST APT # 1 SAN JOSE, CA 95126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.278 7	Nonpriority creditor's name and mailing address Max S Vonerbsen 1522 48TH AVE APT 2 SAN FRANCISCO, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.278 8	Nonpriority creditor's name and mailing address MAXWELL CHEN 5527 110TH PL SW MUKILTEO, WA 98275 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.278 9	Nonpriority creditor's name and mailing address MC Delivery 1410 MLK JR Way Tacoma, WA 98405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,097.60
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.279
0 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

MEDOJE MAOUSE
1163 FTELEY AVENUE APT 1F
BRONX, NY 10472

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

3.279
1 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

MEGGAN NICOLE HOWE
921 WAINWRIGHT DR
SAN JOSE, CA 95128

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

3.279
2 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

Meggan Nicole Howe
921 WAINWRIGHT DR
SAN JOSE, CA 95128

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.279
3 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

Mehrafza Muntazir
34932 NOVA TER
FREMONT, CA 94555

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.279
4 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

MEHRDAD GAMSHADZAH
185 CLAREMONT AVE 3G
NEW YORK, NY 10027

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

3.279
5 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

MEILANNY LATIES HANEY
6109 HILTON ST APT C
OAKLAND, CA 94605

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor	Name	Case number (if known)	17-52865
3.279 6	Nonpriority creditor's name and mailing address Meilanny Latiesh Haney 6109 HILTON ST APT C OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.279 7	Nonpriority creditor's name and mailing address Melanie Denise Jordan 2250 Menalto Ave Palo Alto, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.279 8	Nonpriority creditor's name and mailing address MELDA MOLNAR 12 RAVINE STREET DRAVOSBURG, PA 15034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.279 9	Nonpriority creditor's name and mailing address MELES GEBREMARIAM 19663 20TH AVE NE SHORELINE, WA 98155 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.280 0	Nonpriority creditor's name and mailing address Melina Krasteva Hristova 95 Clarendon apt 8 Pacifica, CA 94044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.280 1	Nonpriority creditor's name and mailing address MELISSA ANN BAKER 13305 MENLO ST SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.280 2</div>	Nonpriority creditor's name and mailing address Melissa Ann Baker 13305 MENLO ST SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.280 3</div>	Nonpriority creditor's name and mailing address MELISSA ASHLEY CAMPANELLA 1409 MOCCASIN DR MODESTO, CA 95351 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.280 4</div>	Nonpriority creditor's name and mailing address Melissa Ashley Campanella 1409 MOCCASIN DR MODESTO, CA 95351 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.280 5</div>	Nonpriority creditor's name and mailing address MELVIN CHAND 161 SIERRAWOOD AVE HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.280 6</div>	Nonpriority creditor's name and mailing address Melvin Chand 161 SIERRAWOOD AVE HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.280 7</div>	Nonpriority creditor's name and mailing address Melvin Lyons 20555 S VERMONT AVE #5 TORRANCE, CA 90502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.280 8	Nonpriority creditor's name and mailing address Menelik Dashaun Goodwill 3571 66TH AVE APT 3 OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.280 9	Nonpriority creditor's name and mailing address MERAB CHANG 1650 KIRKLAND DR APT 3D SUNNYVALE, CA 94087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.281 0	Nonpriority creditor's name and mailing address Merab Chang 1650 KIRKLAND DR APT 3D SUNNYVALE, CA 94087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.281 1	Nonpriority creditor's name and mailing address MERANDA MARIE LUCIO 24432 SILVA AVE HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.281 2	Nonpriority creditor's name and mailing address Meranda Marie Lucio 24432 SILVA AVE HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.281 3	Nonpriority creditor's name and mailing address Merle Brillantes Banez 3931 STEIN CT SOUTH SAN FRANCISCO, CA 94080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.281 4	Nonpriority creditor's name and mailing address MERON ALEXANDER 4326 155TH ST SW APT A LYNNWOOD, WA 98087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.281 5	Nonpriority creditor's name and mailing address MERRARI JAZZLYN ALAMA 2080 ALUM ROCK APT 119 SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.281 6	Nonpriority creditor's name and mailing address Merrari Jazzlynn Alama 2080 ALUM ROCK APT 119 SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.281 7	Nonpriority creditor's name and mailing address Meteor Logistics Xpress PO Box 833427 Richardson, TX 75083 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,552.68
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3.281 8	Nonpriority creditor's name and mailing address MetLife PO Box 804466 Kansas City, MO 64180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,444.53
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3.281 9	Nonpriority creditor's name and mailing address Meynardo Elemia Talo Jr 3202 VINTAGE CREST DR SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.282 0	Nonpriority creditor's name and mailing address Miahn Fornoles Ibo 1821 BURLEY DRIVE MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.282 1	Nonpriority creditor's name and mailing address MICAH DESHAWN ROBINSON 6438 HERZOG STREET OAKLAND, CA 94608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.282 2	Nonpriority creditor's name and mailing address Micah Deshawn Robinson 6438 HERZOG STREET OAKLAND, CA 94608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.282 3	Nonpriority creditor's name and mailing address Michael Alden Ross 7778 SURREY LN OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.282 4	Nonpriority creditor's name and mailing address Michael Alexander Vieira 4323 CHEENY STREET SANTA CLARA, CA 95054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.282 5	Nonpriority creditor's name and mailing address Michael Allen Gaddy 1855 GRAHAM LN SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.282 6	Nonpriority creditor's name and mailing address Michael Andre Quick 1349 OLD CANYON RD APT 3 FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.282 7	Nonpriority creditor's name and mailing address Michael Anthony Baltazar 881 W 40TH PLACE LOS ANGELES, CA 90037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.282 8	Nonpriority creditor's name and mailing address MICHAEL ANTHONY VALDEZ 1096 CLYDE AVE APT 3 SANTA CLARA, CA 95054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.282 9	Nonpriority creditor's name and mailing address Michael Anthony Valdez 1096 CLYDE AVE APT 3 SANTA CLARA, CA 95054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.283 0	Nonpriority creditor's name and mailing address MICHAEL ANTHONY VILLEGAS 80 S MARKET ST SAN JOSE, CA 95113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.283 1	Nonpriority creditor's name and mailing address Michael Anthony Villegas 80 S MARKET ST SAN JOSE, CA 95113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.283 2	Nonpriority creditor's name and mailing address MICHAEL BURROUGHS JR 2222 CAREY WAY PITTSBURGH, PA 15203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.283 3	Nonpriority creditor's name and mailing address Michael Christian Wenger 1397 ESSEX WAY SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.283 4	Nonpriority creditor's name and mailing address MICHAEL DAVID MAGALIT 46 SHAWNEE AVE SAN FRANCISCO, CA 94112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.283 5	Nonpriority creditor's name and mailing address Michael David Magalit 46 SHAWNEE AVE SAN FRANCISCO, CA 94112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.283 6	Nonpriority creditor's name and mailing address MICHAEL DEAL 5427 YOUNGRIDGE DR APT 1 BETHEL PARK, PA 15236 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.283 7	Nonpriority creditor's name and mailing address Michael Earl Freeman 14741 BETTY JEAN AVE BELLFLOWER, CA 90706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc.	Case number (if known)	17-52865
Name			

3.283 8	Nonpriority creditor's name and mailing address Michael G Shmakov 1334 S BERNARDO AVE SUNNYVALE, CA 94087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.283 9	Nonpriority creditor's name and mailing address MICHAEL GAUGHAN 4846 CRESTONE NEEDLE WAY ANTIOCH, CA 94531 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.284 0	Nonpriority creditor's name and mailing address Michael Gaughan 4846 CRESTONE NEEDLE WAY ANTIOCH, CA 94531 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.284 1	Nonpriority creditor's name and mailing address Michael Goodale 80 DESCANSO DRIVE APT 1226 SAN JOSE, CA 95134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.284 2	Nonpriority creditor's name and mailing address MICHAEL GRIFFIN 8645 31ST AVE SW SEATTLE, WA 98126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.284 3	Nonpriority creditor's name and mailing address MICHAEL HO 2611 44TH AVE SAN FRANCISCO, CA 94116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.284 4	Nonpriority creditor's name and mailing address Michael Ho 2611 44TH AVE SAN FRANCISCO, CA 94116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.284 5	Nonpriority creditor's name and mailing address Michael Horton 4123 BROADWAY APT 231 OAKLAND, CA 94611 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.284 6	Nonpriority creditor's name and mailing address MICHAEL JAY SHAVER 2113 EMORY ST SAN JOSE, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.284 7	Nonpriority creditor's name and mailing address Michael Jay Shaver 2113 EMORY ST SAN JOSE, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.284 8	Nonpriority creditor's name and mailing address MICHAEL JESUS SILVA 1137 FAIRFIELD AVE SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.284 9	Nonpriority creditor's name and mailing address Michael Jesus Silva 1137 FAIRFIELD AVE SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.285 0	Nonpriority creditor's name and mailing address Michael John Guillory 121 MAY AVENUE SANTA CRUZ, CA 95062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.285 1	Nonpriority creditor's name and mailing address Michael Jones 5201 COUNTRYSIDE DR SAN DIEGO, CA 92115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.285 2	Nonpriority creditor's name and mailing address Michael Joseph Chiorello 756 SOUTH 3RD STREET SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.285 3	Nonpriority creditor's name and mailing address Michael Julian Topper 627 N GUDALUPE AVE APT 5 REDONDO BEACH, CA 90277 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.285 4	Nonpriority creditor's name and mailing address MICHAEL KADIAYI 23260 26TH AVE S DES MOINES, WA 98198 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.285 5	Nonpriority creditor's name and mailing address MICHAEL LAMONT YOUNG JR 31252 HERSHEY WAY HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.285 6</div>	Nonpriority creditor's name and mailing address Michael Lamont Young Jr 31252 HERSHEY WAY HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.285 7</div>	Nonpriority creditor's name and mailing address MICHAEL LEE LEISHMAN 16716 AMBAUM BLVD S BURIEN, WA 98148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.285 8</div>	Nonpriority creditor's name and mailing address MICHAEL LICCIONE 1539 OREGON AVENUE STEUBENVILLE, OH 43952-4395 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.285 9</div>	Nonpriority creditor's name and mailing address Michael Mercado 1053 ARLINGTON LANE SAN JOSE, CA 95129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.286 0</div>	Nonpriority creditor's name and mailing address MICHAEL MONCRIEF 5492 TRADEWINDS WALKWAY UNIT 4 SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.286 1</div>	Nonpriority creditor's name and mailing address Michael Moncrief 5492 TRADEWINDS WALKWAY UNIT 4 SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
<hr/>			
3.286 2	Nonpriority creditor's name and mailing address Michael Patrick Demarco 710 LAKEFAIR DR SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.286 3	Nonpriority creditor's name and mailing address MICHAEL PAUL HAMILTON 985 ASILOMAR TER #1 SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.286 4	Nonpriority creditor's name and mailing address Michael Paul Hamilton 985 ASILOMAR TER #1 SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.286 5	Nonpriority creditor's name and mailing address Michael Ratliff 8712 S 12TH AVE INGLEWOOD, CA 90305 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.286 6	Nonpriority creditor's name and mailing address MICHAEL RAY SMITH 1944 94TH AVE OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.286 7	Nonpriority creditor's name and mailing address Michael Ray Smith 1944 94TH AVE OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.286 8	Nonpriority creditor's name and mailing address MICHAEL REED HOLLEY 6300 WINDWARD DR BURKE, VA 22015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.286 9	Nonpriority creditor's name and mailing address Michael Robert Ellis 3283 TIOGA RD 101 CONCORD, CA 94521 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.287 0	Nonpriority creditor's name and mailing address Michael Robert Erdman 3459 LOMA VISTA AVE OAKLAND, CA 94619 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.287 1	Nonpriority creditor's name and mailing address Michael Rodriguez 3300 LEAVESLEY ROAD GILROY, CA 95020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.287 2	Nonpriority creditor's name and mailing address MICHAEL ROMERO MARANAN 243 ESMERALDA CT SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.287 3	Nonpriority creditor's name and mailing address Michael Romero Maranan 243 ESMERALDA CT SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Name	Case number (if known)	17-52865
3.287 4	Nonpriority creditor's name and mailing address MICHAEL RYAN HARDEN 3063 PAYNE AVE SAN JOSE, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.287 5	Nonpriority creditor's name and mailing address Michael Ryan Harden 3063 PAYNE AVE SAN JOSE, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.287 6	Nonpriority creditor's name and mailing address MICHAEL S CALDWELL 11837 SE 321ST PL AUBURN, WA 98092 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.287 7	Nonpriority creditor's name and mailing address Michael Santos Guinto 427 MORETTI LN MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.287 8	Nonpriority creditor's name and mailing address MICHAEL SCOTT STEWART 737 LEXINGTON STREET MILPITAS, CA 95035-3826 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.287 9	Nonpriority creditor's name and mailing address Michael Scott Stewart 737 LEXINGTON STREET MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.288 0	Nonpriority creditor's name and mailing address Michael Seung Wang 2101 SHORELINE DR APT 474 ALAMEDA, CA 94501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.288 1	Nonpriority creditor's name and mailing address MICHAEL T PHU 1810 OHLONE ST ALAMEDA, CA 94501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.288 2	Nonpriority creditor's name and mailing address Michael T Phu 1810 OHLONE ST ALAMEDA, CA 94501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.288 3	Nonpriority creditor's name and mailing address Michael Thomas Mount 1365 KLAMATH DR SAN JOSE, CA 95130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.288 4	Nonpriority creditor's name and mailing address MICHAEL VANCE HERSH 16150 VIA ARROYO SAN LORENZO, CA 94580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.288 5	Nonpriority creditor's name and mailing address Michael Vance Hersh 16150 VIA ARROYO SAN LORENZO, CA 94580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
<hr/>			
3.288 6	Nonpriority creditor's name and mailing address MICHAEL WELDAB 3904 S KENYON ST APT102B SEATTLE, WA 98118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.288 7	Nonpriority creditor's name and mailing address Michael William Komer 496 DEMPSEY ROAD APT 298 MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.288 8	Nonpriority creditor's name and mailing address MICHAEL WOEHL 6708 MORGEN RD EVERETT, WA 98203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.288 9	Nonpriority creditor's name and mailing address Michael-Rock Castro Martinez 710 NIDO DR APT 107 CAMPBELL, CA 95008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.289 0	Nonpriority creditor's name and mailing address Michal Anthony Mendoza 1075 Space Park Way SPC89 Mountain View, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.289 1	Nonpriority creditor's name and mailing address Michanne Elizabeth Bohanon 2679 COOLIDGE AVE OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.289 2	Nonpriority creditor's name and mailing address Michele Christine Thorne 442 CHATEAU LA SALLE DR SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.289 3	Nonpriority creditor's name and mailing address Michele Kelly Cox 3683 VIRGINIA RD LOS ANGELES, CA 90016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.289 4	Nonpriority creditor's name and mailing address Michelle Ann Prok 345 EDUCATIONAL PARK DR SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.289 5	Nonpriority creditor's name and mailing address MICHELLE B BURNS 2555 INTERNATIONAL BLVD APT 317 OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.289 6	Nonpriority creditor's name and mailing address Michelle B Burns 2555 INTERNATIONAL BLVD APT 317 OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.289 7	Nonpriority creditor's name and mailing address MICHELLE HINDS 6229 HAYES ST 2 OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

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3.289 8	Nonpriority creditor's name and mailing address Michelle Hinds 6229 HAYES ST 2 OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.289 9	Nonpriority creditor's name and mailing address Michelle Lupe Vargas 159 COLERIDGE TERRACE FREMONT, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.290 0	Nonpriority creditor's name and mailing address Michelle Q. Uribe 1919 FIFTH ST ATWATER, CA 95301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.290 1	Nonpriority creditor's name and mailing address MICHELLE RENEE HERNANDEZ 1584 SCOTTY ST SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.290 2	Nonpriority creditor's name and mailing address Michelle Renee Hernandez 1584 SCOTTY ST SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.290 3	Nonpriority creditor's name and mailing address MICHELLE TABOR 511 27TH AVENUE SEATTLE, WA 98122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.290 4	Nonpriority creditor's name and mailing address Miguel Angel Martinez 80 SOUTH 5TH ST SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.290 5	Nonpriority creditor's name and mailing address Miguel Casarrubias 717 W 80TH ST APT 3 LOS ANGELES, CA 90044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.290 6	Nonpriority creditor's name and mailing address MIGUEL ESPARZA 23020 25TH AVE S B107 DES MOINES, WA 98198 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.290 7	Nonpriority creditor's name and mailing address MIGUEL J ARAUJO 805 EASTON AVE SAN BRUNO, CA 94066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.290 8	Nonpriority creditor's name and mailing address Miguel J Araujo 805 EASTON AVE SAN BRUNO, CA 94066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.290 9	Nonpriority creditor's name and mailing address Miguel Miranda 671 W O'FARRELL ST SAN PEDRO, CA 90731 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<small>Name</small>		
3.291 0	Nonpriority creditor's name and mailing address MIKAYLA LYNN ELLIS-CANNON 1198 CROMWELL ST LIVERMORE, CA 94551 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.291 1	Nonpriority creditor's name and mailing address Mikayla Lynn Ellis-Cannon 1198 CROMWELL ST LIVERMORE, CA 94551 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.291 2	Nonpriority creditor's name and mailing address Mikeyase Frew Bekele 2520 S BASCOM AVE APT 1 CAMPBELL, CA 95008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.291 3	Nonpriority creditor's name and mailing address Mildred A Roja 30 BOSTON AVENUE SAN JOSE, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.291 4	Nonpriority creditor's name and mailing address Miles Clayton Rubia 1903 CAMARGO DR SAN JOSE, CA 95355 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.291 5	Nonpriority creditor's name and mailing address Milkyas Alemu 3823 HARRISON ST APT 204 Oakland, CA 94080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **A-1 Express Delivery Service, Inc.**

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Name

3.291 6	Nonpriority creditor's name and mailing address MILO AMOS 6115 CRENSHAW BLVD LOS ANGELES, CA 90043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.291 7	Nonpriority creditor's name and mailing address Milo Amos 6115 CRENSHAW BLVD LOS ANGELES, CA 90043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.291 8	Nonpriority creditor's name and mailing address MINH LUU 1363 CARTERWOOD PL SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.291 9	Nonpriority creditor's name and mailing address Minh Luu 1363 CARTERWOOD PL SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.292 0	Nonpriority creditor's name and mailing address Minh Thiet Hong 1035 MCKAY DRIVE APT 21 SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.292 1	Nonpriority creditor's name and mailing address Misael Cepeda 3973 SEVEN TREES BLVD APT 5 SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.292 2	Nonpriority creditor's name and mailing address Modern Express Courier PO Box 8195 Walnut Creek, CA 94596 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,551.76
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3.292 3	Nonpriority creditor's name and mailing address Modrey George Floyd 138 E. 36th Place Los Angeles, CA 90011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.292 4	Nonpriority creditor's name and mailing address Mohamad Rifai 37503 mission blvd Fremont, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.292 5	Nonpriority creditor's name and mailing address MOHAMED A ABDI 17112 118TH LN SE APT 204 RENTON, WA 98058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.292 6	Nonpriority creditor's name and mailing address MOHAMED ABDI 14725 57TH AVE S TUKWILA, WA 98168 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.292 7	Nonpriority creditor's name and mailing address MOHAMED ABDI 2137 N 153RD STREET SHORELINE, WA 98133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.292 8	Nonpriority creditor's name and mailing address Mohamed Abdullah Manea 1036 POLK ST #307 SAN FRANCISCO, CA 94109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.292 9	Nonpriority creditor's name and mailing address MOHAMED AHMED 25617 27TH PL H305 KENT, WA 98032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.293 0	Nonpriority creditor's name and mailing address MOHAMED ALI 8340 RAINIER AVE S 22 SEATTLE, WA 98118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.293 1	Nonpriority creditor's name and mailing address MOHAMED AWIES HAIDAR 28127 136TH AVE SE KENT, WA 98042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.293 2	Nonpriority creditor's name and mailing address MOHAMED D OMAR 6801 S 160TH ST #12 SEATAC, WA 98188 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.293 3	Nonpriority creditor's name and mailing address MOHAMED DEER 3724 S 141 ST 3 TUKWILA, WA 98168 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.293 4</div>	Nonpriority creditor's name and mailing address MOHAMED DIRIE 17341 32ND AVE S P219 SEATAC, WA 98188 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.293 5</div>	Nonpriority creditor's name and mailing address MOHAMED M JAMA 3035 S 204TH ST APT 113 SEATAC, WA 98198 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.293 6</div>	Nonpriority creditor's name and mailing address Mohamed Mohamed 120 ARDENDALE DR DALY CITY, CA 94014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.293 7</div>	Nonpriority creditor's name and mailing address MOHAMED O ALI 7241 38TH AVE S SEATTLE, WA 98118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.293 8</div>	Nonpriority creditor's name and mailing address Mohammad Mehdi Raza 4444 CENTRAL AVE #218 FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.293 9</div>	Nonpriority creditor's name and mailing address Mohammad Reza Ahmadi 3558 AGATE DR APT 7 Santa Clara, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

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3.294 0	Nonpriority creditor's name and mailing address Mohammad-Naim Sina Ahmadzai 28012 FARM HILL DR HAYWARD, CA 94542 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.294 1	Nonpriority creditor's name and mailing address Mohammed Jasim Mohammed PO BOX 2995 SANTA CLARA, CA 95055 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.294 2	Nonpriority creditor's name and mailing address MOHAMMED OMAR 14839 MILITARY RD S 108 TUKWILA, WA 98168 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.294 3	Nonpriority creditor's name and mailing address MOHAMUD SAIDALI 4117 SW 25TH AVE UNIT 1 SEATTLE, WA 98106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.294 4	Nonpriority creditor's name and mailing address Moises Goevanne Gonzale 689 Wyandotte Ave Daly City, CA 94014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.294 5	Nonpriority creditor's name and mailing address MOISES MIGUEL M JIMENEZ 27522 ORLANDO AVE HAYWARD, CA 94545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.294 6	Nonpriority creditor's name and mailing address Moises Miguel M Jimenez 27522 ORLANDO AVE HAYWARD, CA 94545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.294 7	Nonpriority creditor's name and mailing address MOISES MONSANTO 952 INTERVALE AVENUE APT 11 BRONX, NY 10459 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.294 8	Nonpriority creditor's name and mailing address Mona J Menjivar 1806 MENTONE AVE PASADENA, CA 91103 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.294 9	Nonpriority creditor's name and mailing address Monee Richard Seng 2684 TOY LN SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.295 0	Nonpriority creditor's name and mailing address MONICA RODRIGUE PENA 5363 WONG CT APT 121 SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.295 1	Nonpriority creditor's name and mailing address Monica Rodrigue Pena 5363 WONG CT APT 121 SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Name	Case number (if known)	17-52865
3.295 2	Nonpriority creditor's name and mailing address Monika Mitchell P O BOX 4491 SAN CLEMENTE, CA 92674 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.295 3	Nonpriority creditor's name and mailing address Monique Duch 7363 FORSUM RD SAN JOSE, CA 95138 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.295 4	Nonpriority creditor's name and mailing address MONIQUE S HERRERA THOMAS 689 CARPINO AVE PITTSBURG, CA 94565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.295 5	Nonpriority creditor's name and mailing address Monique S Herrera Thomas 689 CARPINO AVE PITTSBURG, CA 94565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.295 6	Nonpriority creditor's name and mailing address MORAIMA BULLIS 337 105TH AVE OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.295 7	Nonpriority creditor's name and mailing address Moraima Bullis 337 105TH AVE OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.295 8	Nonpriority creditor's name and mailing address MORGAN MEDEIROS 1519 OAKMONT DRIVE ACWORTH, GA 30102 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.295 9	Nonpriority creditor's name and mailing address Morgan Taylor Tschaen 3129 KEATS ST FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.296 0	Nonpriority creditor's name and mailing address Morgan Wiley Merrihew 3801 THIRD ST STE 585 SAN FRANCISCO, CA 94132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.296 1	Nonpriority creditor's name and mailing address MUHADDIN SULUB 9300 51ST AVE APT 2 SEATTLE, WA 98118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.296 2	Nonpriority creditor's name and mailing address MUHAMED MOHAMED 6511 RAINIER AVE 102 SEATTLE, WA 98118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.296 3	Nonpriority creditor's name and mailing address Muhammad Tayyab Mehfooz 38655 PASEO PADRE PKWY APT 209 FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.296 4	Nonpriority creditor's name and mailing address MUHAMMAD W HAQ 50 AUSTIN AVE APT 917 HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.296 5	Nonpriority creditor's name and mailing address Muhammad W Haq 50 AUSTIN AVE APT 917 HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.296 6	Nonpriority creditor's name and mailing address Mujtaba Ilyaszada 20611 CENTER ST CASTRO VALLEY, CA 94546 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.296 7	Nonpriority creditor's name and mailing address MUKHTAR A ABDULKADIR 5915 DELRIDGE WAY SE APT S202 SEATTLE, WA 98106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.296 8	Nonpriority creditor's name and mailing address MULUBERHAN GOSHO 7917 WOLCOTT AVE S SEATTLE, WA 98118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.296 9	Nonpriority creditor's name and mailing address MULUME FATAKI 39 RANCHO DR APT 8 SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.297 0	Nonpriority creditor's name and mailing address Mulume Fataki 39 RANCHO DR APT 8 SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.297 1	Nonpriority creditor's name and mailing address MUSIE GEBREMARIAM 600 SW 5TH CT G302 RAVENSDALE, WA 98051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.297 2	Nonpriority creditor's name and mailing address MUSSE WACAYS 9805 AVONDALE RD NE APT I-130 REDMOND, WA 98052 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.297 3	Nonpriority creditor's name and mailing address MUSTAFA KHAN 1739 MCLAUGHLIN AVE APT F SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.297 4	Nonpriority creditor's name and mailing address Mustafa Khan 1739 MCLAUGHLIN AVE APT F SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.297 5	Nonpriority creditor's name and mailing address MUSTAFE AHMED 14432 MILITARY RD S STE 5 TUKWILA, WA 98168 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor A-1 Express Delivery Service, Inc.		Case number (if known) 17-52865
<small>Name</small>		
3.297 6	Nonpriority creditor's name and mailing address Muwafaq Ahmed Yaseen Bakar 1577 POMEROY AVE APT #303 SANTA CLARA, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.297 7	Nonpriority creditor's name and mailing address MYLINH TRUONG 16133 EVANSTON AVE N SHORELINE, WA 98133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.297 8	Nonpriority creditor's name and mailing address MYRONE NIGEL LOUIS 429 21ST ST RICHMOND, CA 94801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.297 9	Nonpriority creditor's name and mailing address Myrone Nigel Louis 429 21ST ST RICHMOND, CA 94801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.298 0	Nonpriority creditor's name and mailing address MYTRESS COLLINS 2500 WALLACE ST APT 9 OAKLAND, CA 94606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.298 1	Nonpriority creditor's name and mailing address Mytress Collins 2500 WALLACE ST APT 9 OAKLAND, CA 94606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.298 2	Nonpriority creditor's name and mailing address Nacanieli Sega 2045 GLENWAY EAST PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.298 3	Nonpriority creditor's name and mailing address NADDR ALI HUGAIS 2456 DOLAN WAY SAN PABLO, CA 94806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.298 4	Nonpriority creditor's name and mailing address Naddr Ali Hugais 2456 DOLAN WAY SAN PABLO, CA 94806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.298 5	Nonpriority creditor's name and mailing address Nadia Bernadette Ahumada 965 BELLHURST AVE SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.298 6	Nonpriority creditor's name and mailing address NADINE ADDISA BANTON 917 ENTERPRISE AVE APT 7 INGLEWOOD, CA 90302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.298 7	Nonpriority creditor's name and mailing address Nadine Addisa Banton 917 ENTERPRISE AVE APT 7 INGLEWOOD, CA 90302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

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Name

3.298 8	Nonpriority creditor's name and mailing address Naeemah Henderson 342 MARIPOSA STREET, #4 SAN ANDREAS, CA 95249 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.298 9	Nonpriority creditor's name and mailing address Nahid Bastani Elahabadi 225 AVERY LANE LOS GATOS, CA 95032 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.299 0	Nonpriority creditor's name and mailing address Nakisa A Boyd 3039 BROADWAY UNIT B REDWOOD CITY, CA 94062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.299 1	Nonpriority creditor's name and mailing address NAM THANH NGUYEN 120 CHATEAU LA SALLE DR SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.299 2	Nonpriority creditor's name and mailing address Nam Thanh Nguyen 120 CHATEAU LA SALLE DR SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.299 3	Nonpriority creditor's name and mailing address Narciso Rafael Gonzalez 5929 DENVER AVE LOS ANGELES, CA 90044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.299 4	Nonpriority creditor's name and mailing address Naser Aliabadizadeh 1649 COLBY AVE #102 LOS ANGELES, CA 90025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.299 5	Nonpriority creditor's name and mailing address Nasrin Sabokpa 7745 RESEDA BLVD APT 49 RESEDA, CA 91335 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.299 6	Nonpriority creditor's name and mailing address Nassau Transportation Inc PO Box 7276 Princeton, NJ 08543-7276 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,169.95
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3.299 7	Nonpriority creditor's name and mailing address NASSER AHMED 3642 33RD AVE S A719 SEATTLE, WA 98144 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.299 8	Nonpriority creditor's name and mailing address Natalie Mavromatis 2403 BRIDLE PATH DR GILROY, CA 95020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.299 9	Nonpriority creditor's name and mailing address Natalie Mier 9315 PARROT AVE DOWNEY, CA 90240 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor A-1 Express Delivery Service, Inc.		Case number (if known) 17-52865
<small>Name</small>		
<div>3.300 0</div>	Nonpriority creditor's name and mailing address Natalie Pepe Mortenson 69 COLE DR APT 8 SAUSALITO, CA 94965 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.300 1</div>	Nonpriority creditor's name and mailing address Nataniela Tununamo Talasinga 552 HERMITAGE COURT SAN JOSE, CA 95134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.300 2</div>	Nonpriority creditor's name and mailing address NATASHA DENISE WRIGHT P.O. BOX 1112 FRENCH CAMP, CA 95231 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.300 3</div>	Nonpriority creditor's name and mailing address Natasha Denise Wright P.O. BOX 1112 FRENCH CAMP, CA 95231 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.300 4</div>	Nonpriority creditor's name and mailing address Natasha Shevon Coleman 132 MISSION DR E PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.300 5</div>	Nonpriority creditor's name and mailing address NATASHA SMITH 301 SUTTER AVE 17H BROOKLYN, NY 11212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.300 6	Nonpriority creditor's name and mailing address NATHAN BRAUN 231 PARKLANE DRIVE PITTSBURGH, PA 15104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.300 7	Nonpriority creditor's name and mailing address NATHAN ELLIS 5012 REAVVAN SEATTLE, WA 98105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.300 8	Nonpriority creditor's name and mailing address NATHAN JAMESAKR ASSAF 340 S TEMPLE DR MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.300 9	Nonpriority creditor's name and mailing address Nathan Jamesakram Assaf 340 S. Temple Dr Milpitas, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.301 0	Nonpriority creditor's name and mailing address Nathan Michael Dewain Mertz 2071 BOWERS AVE SANTA CLARA, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.301 1	Nonpriority creditor's name and mailing address NATHAN WANG 2615 WHISPERING HILLS CIR SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor A-1 Express Delivery Service, Inc.		Case number (if known) 17-52865
<small>Name</small>		
<div>3.301 2</div>	Nonpriority creditor's name and mailing address Nathan Wang 2615 WHISPERING HILLS CIR SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.301 3</div>	Nonpriority creditor's name and mailing address Nathan William Falkoff 3727 KELTON AVE APT 4 LOS ANGELES, CA 90034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.301 4</div>	Nonpriority creditor's name and mailing address NATHANIEL B ANTHONY 17 MANSION AVE PITTSBURGH, PA 15209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.301 5</div>	Nonpriority creditor's name and mailing address NATHANIEL PRUITT 1616 BRANHAM LN APT 59 SAN JOSE, CA 95118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.301 6</div>	Nonpriority creditor's name and mailing address Nathaniel Pruitt 1616 BRANHAM LN APT 59 SAN JOSE, CA 95118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.301 7</div>	Nonpriority creditor's name and mailing address NATHANIEL THOMAS 201 CLARA STREET PITTSBURGH, PA 15209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.301
8 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

NATHANIEL VARGAS
201 S 4TH ST APT 718
SAN JOSE, CA 95112

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

3.301
9 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

Nathaniel Vargas
201 S 4TH ST APT 718
SAN JOSE, CA 95112

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.302
0 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

NATHANIEL WHITE IV
275 DE LONG ST
SAN FRANCISCO, CA 94112

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

3.302
1 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

Nathaniel White IV
275 DE LONG ST
SAN FRANCISCO, CA 94112

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.302
2 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

NATNAEL GEBREMEDHIN
11532 STONE AVE A402
SEATTLE, WA 98133

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

3.302
3 Nonpriority creditor's name and mailing address As of the petition filing date, the claim is: *Check all that apply.* **\$0.00**

NAVEEN KUMAR BALLEY
2382 FIELDGATE DR
PITTSBURG, CA 94565

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.302 4	Nonpriority creditor's name and mailing address Naveen Kumar Balley 2382 FIELDGATE DR PITTSBURG, CA 94565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.302 5	Nonpriority creditor's name and mailing address NAWID AHMAD 4969 ANTIOCH LOOP UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.302 6	Nonpriority creditor's name and mailing address Nawid Ahmad 4969 ANTIOCH LOOP UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.302 7	Nonpriority creditor's name and mailing address NDS PO Box 61002 Anaheim, CA 92803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,076.48
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3.302 8	Nonpriority creditor's name and mailing address NEALPATRICK VAR JARANILLA 150 BEVERLY ST SAN FRANCISCO, CA 94132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.302 9	Nonpriority creditor's name and mailing address NealPatrick Vargas Jaranilla 150 BEVERLY ST SAN FRANCISCO, CA 94132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.303 0	Nonpriority creditor's name and mailing address Nehal Parashar 2749 Lavender Terr San Jose, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.303 1	Nonpriority creditor's name and mailing address Neil Nombrado 22228 Grace Avenue Apt 204a Carson, CA 90745 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.303 2	Nonpriority creditor's name and mailing address NELLEY ARLETE HERNANDEZ 3319 INNERWICK LANE SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.303 3	Nonpriority creditor's name and mailing address Nelley Arlete Hernandez 3319 INNERWICK LANE SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.303 4	Nonpriority creditor's name and mailing address Nelson Rubang Lopez 385 EASY ST APT 1 MOUNTAIN VIEW, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.303 5	Nonpriority creditor's name and mailing address NERSES ARZUMANOV 19818 50TH AVE W 921 LYNNWOOD, WA 98036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.303 6	Nonpriority creditor's name and mailing address Network Billing Systems, LLC. PO Box 74301 Cleveland, OH 44194-4301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,024.32
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3.303 7	Nonpriority creditor's name and mailing address NEUMAN ANTHONY ROBINSON 1023 GRIFFIN DR VALLEJO, CA 94589 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.303 8	Nonpriority creditor's name and mailing address Neuman Anthony Robinson 1023 GRIFFIN DR VALLEJO, CA 94589 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.303 9	Nonpriority creditor's name and mailing address Nhan Edison Trung Tran 2862 scottsdale dr. San Jose, CA 96148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.304 0	Nonpriority creditor's name and mailing address Nhan Thanh Tran 754 DELAWARE AVE SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.304 1	Nonpriority creditor's name and mailing address Nhon Sang Do 2312 PARK BLVD APT 2 OAKLAND, CA 94606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor A-1 Express Delivery Service, Inc.		Case number (if known) 17-52865
<small>Name</small>		
<div>3.304 2</div>	Nonpriority creditor's name and mailing address NICCOLO PAOLO BARTIDO 1553 BRENNER WAY SAN JOSE, CA 95118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.304 3</div>	Nonpriority creditor's name and mailing address Niccolo Paolo Bartido 1553 BRENNER WAY SAN JOSE, CA 95118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.304 4</div>	Nonpriority creditor's name and mailing address NICHOLAI ALLEN 2330 WEST 11TH STREET 2 BROOKLYN, NY 11223 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.304 5</div>	Nonpriority creditor's name and mailing address NICHOLAS S DERDAK 3652 EL GRANDE CT SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.304 6</div>	Nonpriority creditor's name and mailing address NICHOLAS ALEXAN MARSHALL 15694 WASHINGTON AVE SAN LORENZO, CA 94580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.304 7</div>	Nonpriority creditor's name and mailing address Nicholas Alexan Marshall 15694 WASHINGTON AVE SAN LORENZO, CA 94580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor A-1 Express Delivery Service, Inc.		Case number (if known) 17-52865
<small>Name</small>		
<div>3.304 8</div>	Nonpriority creditor's name and mailing address NICHOLAS EMILO MEDINA 1225 SIERRA AVE SAN JOSE, CA 95126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.304 9</div>	Nonpriority creditor's name and mailing address Nicholas Emilo Medina 1225 SIERRA AVE SAN JOSE, CA 95126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.305 0</div>	Nonpriority creditor's name and mailing address NICHOLAS JASON TORRES 1047 KELLY ST APT 1A BRONX, NY 10459 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.305 1</div>	Nonpriority creditor's name and mailing address Nicholas Lee St Amant 576 SMALLEY AVE APT 3 HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.305 2</div>	Nonpriority creditor's name and mailing address NICHOLAS LLERA 20312 132ND AVE NE WOODINVILLE, WA 98072 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.305 3</div>	Nonpriority creditor's name and mailing address Nicholas Moussa Fares 38416 MISSION BLVD APT 142 FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	Name	Case number (if known)	17-52865
3.305 4	Nonpriority creditor's name and mailing address Nicholas Nhut Truong 2019 SHELLBACK PL SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.305 5	Nonpriority creditor's name and mailing address Nicholas S Derdak 3652 EL GRANDE CT SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.305 6	Nonpriority creditor's name and mailing address NICHOLAS SCOTT VALORIE 3237 W LIBERTY AVE APT 3 PITTSBURGH, PA 15216 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.305 7	Nonpriority creditor's name and mailing address Nicholas William Patty 2038 S HOLT AVE APT 1A LOS ANGELES, CA 90034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.305 8	Nonpriority creditor's name and mailing address Nico Quiochon Tingzon 20 OLD RODGERS RANCH CT PLEASANT HILL, CA 94523 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.305 9	Nonpriority creditor's name and mailing address NICOLA MICOMONACO 27541 43RD AVE S AUBURN, WA 98001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.306 0	Nonpriority creditor's name and mailing address NICOLAS RAMON ATENCIO 595 JOHN MUIR DR APT C311 SAN FRANCISCO, CA 94132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.306 1	Nonpriority creditor's name and mailing address Nicolas Ramon Atencio 595 JOHN MUIR DR APT C311 SAN FRANCISCO, CA 94132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.306 2	Nonpriority creditor's name and mailing address Nicole Louise Osibin 2813 SACRAMENTO ST BERKELEY, CA 94702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.306 3	Nonpriority creditor's name and mailing address NIJAL RAMIL MIR MONTES 1794 CORTEZ AVE SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.306 4	Nonpriority creditor's name and mailing address Nijal Ramil Mir Montes 1794 CORTEZ AVE SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.306 5	Nonpriority creditor's name and mailing address Nikhil Beri 1532 EDEN AVE APT 3 SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

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Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.306 6</div>	Nonpriority creditor's name and mailing address NIKOLAI ALEKSAN GRIBENKO 320 HARBOR LIGHT DR ALAMEDA, CA 94501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.306 7</div>	Nonpriority creditor's name and mailing address Nikolai Aleksan Gribenko 320 HARBOR LIGHT DR ALAMEDA, CA 94501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.306 8</div>	Nonpriority creditor's name and mailing address Nimai Pandit Gough 168 S 10TH ST APT B SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.306 9</div>	Nonpriority creditor's name and mailing address NINA LINDERS 1326 3RD ST SE UNIT A AUBURN, WA 98002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.307 0</div>	Nonpriority creditor's name and mailing address Nitosha Khadija M E J Strother 131 NORTHRIDGE RD SAN FRANCISCO, CA 94124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.307 1</div>	Nonpriority creditor's name and mailing address NOAH WHITE 100 N WHISMAN RD APT 3711 MOUNTAIN VIEW, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.307 2	Nonpriority creditor's name and mailing address Noah White 100 N WHISMAN RD APT 3711 MOUNTAIN VIEW, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.307 3	Nonpriority creditor's name and mailing address Noe Perez Aguilar 236 COY DR APT 3 SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.307 4	Nonpriority creditor's name and mailing address NOEL BLAS 958 KENWOOD ST INGLEWOOD, CA 90301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.307 5	Nonpriority creditor's name and mailing address Noel Blas 958 KENWOOD ST INGLEWOOD, CA 90301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.307 6	Nonpriority creditor's name and mailing address Noel Ramirez 2445 CAMERON DR UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.307 7	Nonpriority creditor's name and mailing address NOEMI FRANCO 506 S WOODS AVE LOS ANGELES, CA 90022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

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Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.307 8</div>	Nonpriority creditor's name and mailing address Noemi Franco 506 S WOODS AVE LOS ANGELES, CA 90022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.307 9</div>	Nonpriority creditor's name and mailing address Norbert Rafael Vargas 99 SCHOOL STREET APT 116 DALY CITY, CA 94014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.308 0</div>	Nonpriority creditor's name and mailing address NORMA BERENICE FAUSTO 16161 HESPERIAN BLVD SAN LORENZO, CA 94580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.308 1</div>	Nonpriority creditor's name and mailing address Norma Berenice Fausto 16161 HESPERIAN BLVD SAN LORENZO, CA 94580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.308 2</div>	Nonpriority creditor's name and mailing address Norma Torres 1092 THORNDALE CT SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.308 3</div>	Nonpriority creditor's name and mailing address NORMAN CHANDLER 102 LAKEVIEW MC KEES ROCKS, PA 15136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc.	Case number (if known)	17-52865
	Name		

3.308 4	Nonpriority creditor's name and mailing address NORMAN GOOLSBY JR 16802 LOS REYES AVE SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.308 5	Nonpriority creditor's name and mailing address Norman Goolsby Jr 16802 LOS REYES AVE SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.308 6	Nonpriority creditor's name and mailing address Northside Flower Imports Inc 4591 Winter Chapel Rd Atlanta, GA 30360 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,040.69
3.308 7	Nonpriority creditor's name and mailing address NOUR ARTEN 22416 88TH AVE S K101 KENT, WA 98031 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.308 8	Nonpriority creditor's name and mailing address Nova Delivery 2800 Gallows Rd Vienna, VA 22180-7445 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,466.00
3.308 9	Nonpriority creditor's name and mailing address Now Courier (IN) PO Box 6066 Indianapolis, IN 46206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$142.22

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.309
0 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**

Noy Boonnam
2618 BROOK WAY
SAN PABLO, CA 94806

Date(s) debt was incurred _

Last 4 digits of account number _

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.309
1 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**

NUR ABDI
3716 14TH AVE S
SEATTLE, WA 98144

Date(s) debt was incurred _

Last 4 digits of account number _

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

3.309
2 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$20,542.69**

NY Minute Messenger
PO Box 1935
Long Island City, NY 11101

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.309
3 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**

Nyoka Janette Phung
527 W REGENT ST 138
INGLEWOOD, CA 90301

Date(s) debt was incurred _

Last 4 digits of account number _

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.309
4 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**

Obaidullah Mohammadi
6324 JERILYNN AVE
RICHMOND, CA 94806

Date(s) debt was incurred _

Last 4 digits of account number _

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.309
5 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**

Octavia Marlish Spencer
2698 78TH AVE
OAKLAND, CA 94605

Date(s) debt was incurred _

Last 4 digits of account number _

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.309 6	Nonpriority creditor's name and mailing address ODONTUNGALAG CHUNAGSUREN 418 25TH AVE APT 5 SAN FRANCISCO, CA 94121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.309 7	Nonpriority creditor's name and mailing address Odontungalag Chunagsuren 418 25TH AVE APT 5 SAN FRANCISCO, CA 94121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.309 8	Nonpriority creditor's name and mailing address OLADAPO O AKANBI 407 OLDE MILL LANE NORCROSS, GA 30093 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.309 9	Nonpriority creditor's name and mailing address OLAYANJU MUSLIU YUSSUFF 1265 PEPPERWOOD CT CARSON, CA 90746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.310 0	Nonpriority creditor's name and mailing address Olayanju Musliudeen Yussuff 1265 PEPPERWOOD CT CARSON, CA 90746 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.310 1	Nonpriority creditor's name and mailing address OLLIE A CHAPLE 1436 SEMINARY AVE OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div>3.310 2</div>	Nonpriority creditor's name and mailing address Ollie A Chaple 1436 SEMINARY AVE OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.310 3</div>	Nonpriority creditor's name and mailing address Omar Canales 15170 FROST AVE CHINO HILLS, CA 91709 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.310 4</div>	Nonpriority creditor's name and mailing address Omar Garcia 1821 EAST 4TH ST LOS ANGELES, CA 90033 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.310 5</div>	Nonpriority creditor's name and mailing address Omar Taha Hindam 2038 Calaveras Road Milpitas, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.310 6</div>	Nonpriority creditor's name and mailing address Omar Valdez 928 S FERRIS AVE LOS ANGELES, CA 90022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.310 7</div>	Nonpriority creditor's name and mailing address Omer Abraao Abdelnur 950 E Hillside Blvd apt 210 Foster City, CA 94404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.310 8	Nonpriority creditor's name and mailing address On SameDay Delivery PO Box 20467 Greeley Sq Station 4 E 27th St New York, NY 10001-9998 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,216.40
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3.310 9	Nonpriority creditor's name and mailing address One Ring 2030 Powers Ferry Rd Ste 200 Atlanta, GA 30339 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,523.24
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3.311 0	Nonpriority creditor's name and mailing address OnTrac 41 Northern Stacks Dr Ste 200 Fridley, mn 55421 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,723.00
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3.311 1	Nonpriority creditor's name and mailing address Orcas Business Park LLC PO Box 81024 Seattle, WA 98108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,482.00
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3.311 2	Nonpriority creditor's name and mailing address ORELL RASHAI JACKSON 644 1ST ST RICHMOND, CA 94801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.311 3	Nonpriority creditor's name and mailing address Orell Rashai Jackson 644 1ST ST RICHMOND, CA 94801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.311 4	Nonpriority creditor's name and mailing address ORIANA SAPORTAS 1330 VIRGINIA ST BERKELEY, CA 94702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.311 5	Nonpriority creditor's name and mailing address Oriana Saportas 1330 VIRGINIA ST BERKELEY, CA 94702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.311 6	Nonpriority creditor's name and mailing address Orlando Alvarez-Barragan 308 IVY DR MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.311 7	Nonpriority creditor's name and mailing address OSAMA SAID 13000 MLK JR WAY S 31 SEATTLE, WA 98178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.311 8	Nonpriority creditor's name and mailing address Oscar Bautista Coa PO BOX 51344 SAN JOSE, CA 95151 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.311 9	Nonpriority creditor's name and mailing address OSCAR LEMUS 6131 AFTON PL APT 1 LOS ANGELES, CA 90028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.312 0	Nonpriority creditor's name and mailing address Oscar Lemus 6131 AFTON PL APT 1 LOS ANGELES, CA 90028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.312 1	Nonpriority creditor's name and mailing address Oscar Pasillas Panuco 1050 W 43RD ST LOS ANGELES, CA 90037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.312 2	Nonpriority creditor's name and mailing address OSCAR SANCHEZ 5847 AGRA ST BELL GARDENS, CA 90201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.312 3	Nonpriority creditor's name and mailing address Oscar Sanchez 5847 AGRA ST BELL GARDENS, CA 90201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.312 4	Nonpriority creditor's name and mailing address OSHANE TROY HENRY 80 ATLANTIC CIRCLE APT 206 PITTSBURG, CA 94565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.312 5	Nonpriority creditor's name and mailing address Osiri Darleni Medrano Sierra 10290 SHOREHAM CT SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.312 6	Nonpriority creditor's name and mailing address OSMAN AFRAH 16200 NE 13TH PL APT G201 BELLEVUE, WA 98008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.312 7	Nonpriority creditor's name and mailing address OSMAN NUUR 8320 RAINIE RAYE STREET APT D SEATTLE, WA 38118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.312 8	Nonpriority creditor's name and mailing address OSVALDO A MADERA 132 SEAMAN AVENUE APT 3E NEW YORK, NY 10034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.312 9	Nonpriority creditor's name and mailing address OSVALDO ORTIZ RODRIGUEZ 3466 WILLOW PASS ROAD SPC 49 CONCORD, CA 94519 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.313 0	Nonpriority creditor's name and mailing address Oswaldo Ortiz Rodriguez 3466 WILLOW PASS ROAD SPC 49 CONCORD, CA 94519 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.313 1	Nonpriority creditor's name and mailing address Oswaldo Madrigal Cisneros 11847 167 ST ARTESIA, CA 90701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.313 2	Nonpriority creditor's name and mailing address OUMOU CAMARA 1343 PROSPECT AVE #BSMT BRONX, NY 10459 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.313 3	Nonpriority creditor's name and mailing address Pablo Antonio Hernandez Gonzalez 22142 THELMA STREET HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.313 4	Nonpriority creditor's name and mailing address PABLO ANTONIO SARAVIA 645 MYRTLE AVE SOUTH SAN FRANCISCO, CA 94080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.313 5	Nonpriority creditor's name and mailing address Pablo Antonio Saravia 645 MYRTLE AVE SOUTH SAN FRANCISCO, CA 94080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.313 6	Nonpriority creditor's name and mailing address Pablo Barahona 419 OXFORD ST APT 1 REDWOOD CITY, CA 94061 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.313 7	Nonpriority creditor's name and mailing address Pablo Jesus Bernal 2464 SUMMER ST SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.313 8	Nonpriority creditor's name and mailing address PABLO MARTINEZ MADRIGAL 5727 ALMADEN RD APT 1 SAN JOSE, CA 95118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.313 9	Nonpriority creditor's name and mailing address Pablo Martinez Madrigal 5727 ALMADEN RD APT 1 SAN JOSE, CA 95118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.314 0	Nonpriority creditor's name and mailing address Pamela Jane Gurule 4400 ALUM ROCK AVE SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.314 1	Nonpriority creditor's name and mailing address Paris Alexander Strong 2422 4TH AVENUE LOS ANGELES, CA 90018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.314 2	Nonpriority creditor's name and mailing address PATRICE CALLIGARIS 1030 E. EL CAMINO REAL, #117 SUNNYVALE, CA 94087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.314 3	Nonpriority creditor's name and mailing address Patrice Calligaris 1030 E. EL CAMINO REAL, #117 SUNNYVALE, CA 94087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div>3.314 4</div>	Nonpriority creditor's name and mailing address PATRICIA ANN STEWART 8714 MACARTHUR BLVD APT B OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.314 5</div>	Nonpriority creditor's name and mailing address Patricia Ann Stewart 8714 MACARTHUR BLVD APT B OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.314 6</div>	Nonpriority creditor's name and mailing address Patricia Anne DeBose 527 W REGENT ST #140 INGLEWOOD, CA 90301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.314 7</div>	Nonpriority creditor's name and mailing address Patricia Anne Vaughn 4101 POLARIS AVE UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.314 8</div>	Nonpriority creditor's name and mailing address Patricia Lynn Guard 885 BOULDER DR SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.314 9</div>	Nonpriority creditor's name and mailing address Patricia Xiomara Samayoa-Herrera 291 PUTNAM ST APT G SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.315 0	Nonpriority creditor's name and mailing address Patrick David Weismann 586 LEYTE TERRACE SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.315 1	Nonpriority creditor's name and mailing address Patrick Legaspi 646 GELLERT BOULEVARD DALY CITY, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.315 2	Nonpriority creditor's name and mailing address PAUL D FAST HORSE 8327 5TH AVE W A4 EVERETT, WA 98203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.315 3	Nonpriority creditor's name and mailing address Paul Erias Stelly PO BOX 4343 ANTIOCH, CA 94509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.315 4	Nonpriority creditor's name and mailing address Paul Francisco 40638 MAX DRIVE FREMONT, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.315 5	Nonpriority creditor's name and mailing address PAUL GUERRERO 6704 235TH ST SW MOUNTLAKE TERRACE, WA 98043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

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Name

3.315 6	Nonpriority creditor's name and mailing address Paul Hernandez 785 NORTH FAIR OAKS AVE APT 7 SUNNYVALE, CA 94085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.315 7	Nonpriority creditor's name and mailing address Paul J Gregoire 40 BELLA BLVD UNIT 10425 SAN RAFAEL, CA 94912 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.315 8	Nonpriority creditor's name and mailing address Paul Joseph Neven 4470 FILLMORE ST SANTA CLARA, CA 95054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.315 9	Nonpriority creditor's name and mailing address PAUL NATURALE 4455 NE 12TH ST 19-10 RENTON, WA 98059 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.316 0	Nonpriority creditor's name and mailing address Paul Nicolas Citraro 1008 E EL CAMINO REAL 4 SUNNYVALE, CA 94087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.316 1	Nonpriority creditor's name and mailing address Paul Robert Gallegos 1464 LASSEN AVE MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div>3.316 2</div>	Nonpriority creditor's name and mailing address Paul Victor Catayoc Delos Reyes 1931 RIPPLE ST LOS ANGELES, CA 90039 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.316 3</div>	Nonpriority creditor's name and mailing address Paul Wong Lam 1056 SCHWERIN ST DALY CITY, CA 94014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.316 4</div>	Nonpriority creditor's name and mailing address Paula Kay Robinson Enos 1059 VIA ROBLE APT 54 LAFAYETTE, CA 94549 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.316 5</div>	Nonpriority creditor's name and mailing address PAULINE HALL PO BOX 591 LILBURN, GA 30048 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.316 6</div>	Nonpriority creditor's name and mailing address PAVEL BARAM 16110 HORNE LL ST WHITTIER WHITTIER, CA 90603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.316 7</div>	Nonpriority creditor's name and mailing address Pavel Baram 16110 HORNE LL ST WHITTIER WHITTIER, CA 90603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.316 8</div>	Nonpriority creditor's name and mailing address Pavel Golovlev 2350A SHAFER AVE MORGAN HILL, CA 95037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.316 9</div>	Nonpriority creditor's name and mailing address Paycom 7501 W Memorial Road Oklahoma City, OK 73142 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.317 0</div>	Nonpriority creditor's name and mailing address Pearl Marisa Perez 735 STATE ST SAN JOSE, CA 95110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.317 1</div>	Nonpriority creditor's name and mailing address Pedro Antune Palacios 1322 W Summit St Apt. D Long Beach, CA 90810 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.317 2</div>	Nonpriority creditor's name and mailing address PEDRO DE JESUS ALONZO 4391 WEST 135 ST HAWTHORNE, CA 90250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.317 3</div>	Nonpriority creditor's name and mailing address Pedro De Jesus Alonzo 4391 WEST 135 ST HAWTHORNE, CA 90250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

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3.317 4	Nonpriority creditor's name and mailing address Pedro Jr Huitron 580 7TH AVE MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.317 5	Nonpriority creditor's name and mailing address Peni Hengehenga Mesui 3284 ADAMS ST ALAMEDA, CA 94501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.317 6	Nonpriority creditor's name and mailing address Peninsula Messenger LLC (Monterey) 8 Harris Street Ste C3 Monterey, CA 93940 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$368.00
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3.317 7	Nonpriority creditor's name and mailing address Peninsula Messenger Service PO Box 1487 Visalia, CA 93279 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$672.44
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3.317 8	Nonpriority creditor's name and mailing address Pepito Gonzales Joves 230 SAN ANTONIO AVE APT 2 SAN BRUNO, CA 94066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.317 9	Nonpriority creditor's name and mailing address PERCY FLOYD ROBINSON JR 469 MARBELLA LN VACAVILLE, CA 95688 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.318 0	Nonpriority creditor's name and mailing address Percy Floyd Robinson Jr 469 MARBELLA LN VACAVILLE, CA 95688 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.318 1	Nonpriority creditor's name and mailing address PERRY NATHAN SANFORD 1780 9TH ST OAKLAND, CA 94607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.318 2	Nonpriority creditor's name and mailing address Perry Nathan Sanford 1780 9TH ST OAKLAND, CA 94607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.318 3	Nonpriority creditor's name and mailing address Peter Acosta Perez 2107 SHORTRIDGE AVE SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.318 4	Nonpriority creditor's name and mailing address PETER AJANG 29947 49TH LANE S AUBURN, WA 95001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.318 5	Nonpriority creditor's name and mailing address PETER HA LUU 3273 ROCKPORT AVE APT D SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

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3.318 6	Nonpriority creditor's name and mailing address Peter Ha Luu 3273 ROCKPORT AVE APT D SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.318 7	Nonpriority creditor's name and mailing address PETER KAHARE 1703 97TH ST CT S F22 TACOMA, WA 98444 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.318 8	Nonpriority creditor's name and mailing address Peter Kevin Cheung 1423 FUNSTON AVE SAN FRANCISCO, CA 94122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.318 9	Nonpriority creditor's name and mailing address Peter Patrick Hayes 2320 SIERRA COURT PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.319 0	Nonpriority creditor's name and mailing address Pettyco Express PO Box 41336 Jacksonville, FL 32203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$222.32
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3.319 1	Nonpriority creditor's name and mailing address Pharoah Rahsaan Khalil Thomas Jr 21701 FOOTHILL BLVD APT 248 HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.319 2	Nonpriority creditor's name and mailing address PHAROAH RAHSAAN THOMAS JR 21701 FOOTHILL BLVD APT 248 HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.319 3	Nonpriority creditor's name and mailing address Phat Phu Dam 216 GRAMERCY PL #3 SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.319 4	Nonpriority creditor's name and mailing address Phat Tuan Luu 360 LOS ENCINOS CT SAN JOSE, CA 95134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.319 5	Nonpriority creditor's name and mailing address Phelan P Mom 750 N KING RD APT 1112 SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.319 6	Nonpriority creditor's name and mailing address Philip Andreu Stith 2020 SOUTHWEST EXPWY APT 87 SAN JOSE, CA 95126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.319 7	Nonpriority creditor's name and mailing address Philip Isaac Morowitz 1260 AYALA DRIVE APT #207 SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.319 8	Nonpriority creditor's name and mailing address PHILIP MATTHEW SHAMOUN 1200 HIGHLAND AVE SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.319 9	Nonpriority creditor's name and mailing address Philip Matthew Shamoun 1200 HIGHLAND AVE SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.320 0	Nonpriority creditor's name and mailing address PHILIP MICHAEL WASHINGTON 965 DELMAS AVENUE SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.320 1	Nonpriority creditor's name and mailing address Philip Michael Washington 965 DELMAS AVENUE SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.320 2	Nonpriority creditor's name and mailing address PHILIP REYNOLDS JR 332 TOCCOA AVE MCCAYSVILLE, GA 30555 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.320 3	Nonpriority creditor's name and mailing address PHILLIP HOANG TRAN 385 HAZEN ST MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.320 4	Nonpriority creditor's name and mailing address Phillip Hoang Tran 385 HAZEN ST MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.320 5	Nonpriority creditor's name and mailing address Phillip Stephen Chapot 1528 COURT ST ALAMEDA, CA 94501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.320 6	Nonpriority creditor's name and mailing address PHILLIP WELLINGTON 112-29 DILLON ST JAMAICA, NY 11433 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.320 7	Nonpriority creditor's name and mailing address PHOLETT GALAZ CHAVEZ 8113 XAVIER WAY EVERETT, WA 98203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.320 8	Nonpriority creditor's name and mailing address Phuong Quang Nguyen 39573 Dorrington ct Fremont, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.320 9	Nonpriority creditor's name and mailing address PHYLLIS DEAN FREEMAN 611 16TH ST APT A RICHMOND, CA 94801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.321 0	Nonpriority creditor's name and mailing address Phyllis Dean Freeman 611 16TH ST APT A RICHMOND, CA 94801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.321 1	Nonpriority creditor's name and mailing address Pierre A Marks Blaude 580 BONNIE VIEW COURT MORGAN HILL, CA 95037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.321 2	Nonpriority creditor's name and mailing address PIERRE CRAYTON 3332 GLENDORA DR SAN MATEO, CA 94403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.321 3	Nonpriority creditor's name and mailing address Pierre Crayton 3332 GLENDORA DR SAN MATEO, CA 94403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.321 4	Nonpriority creditor's name and mailing address Pierre Eduardo Garcia 6355 PRICHARD ST BELLFLOWER, CA 90706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.321 5	Nonpriority creditor's name and mailing address PIERRE LANG NGUYEN 1341 ABERFORD DR SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.321 6	Nonpriority creditor's name and mailing address Pierre Lang Nguyen 1341 ABERFORD DR SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.321 7	Nonpriority creditor's name and mailing address Pierry Kabamba Ngonzo 481 CARPENTIER WAY SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.321 8	Nonpriority creditor's name and mailing address POMPIDOU CHERY 175 EAST 52ND ST APT C6 KINGS, NY 11203 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.321 9	Nonpriority creditor's name and mailing address Poolod Daryabeigi 1134 OAKMONT DRIVE UNIT 9 SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.322 0	Nonpriority creditor's name and mailing address Porchea Carroll 127 Cameron Ct. Ventura, CA 93001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.322 1	Nonpriority creditor's name and mailing address Porsche Thompson 942 TAMARACK DRIVE APT 13206 FAYETTEVILLE, NC 28311 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.322 2	Nonpriority creditor's name and mailing address Porshae Shermi Johnson 2540 Indiana Ave South Gate, CA 90280 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.322 3	Nonpriority creditor's name and mailing address PORSHAONA SIMS 8625 10TH AVE S SEATTLE, WA 98108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.322 4	Nonpriority creditor's name and mailing address Postal Express PO Box 864 Bellevue, WA 98009-0864 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,092.24
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3.322 5	Nonpriority creditor's name and mailing address PRATEEK PARDASANI 36202 SALISBURY DR NEWARK, CA 94560 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.322 6	Nonpriority creditor's name and mailing address Prateek Pardasani 36202 SALISBURY DR NEWARK, CA 94560 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.322 7	Nonpriority creditor's name and mailing address PRATIK BARALY 271 N 6TH ST APT 7 SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.322 8	Nonpriority creditor's name and mailing address Pratik Baraly 271 N 6TH ST APT 7 SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.322 9	Nonpriority creditor's name and mailing address PRAVEENA DHARMLINGAM 27289 S SLEEPY HOLLOW AVE 202 HAYWARD, CA 94545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.323 0	Nonpriority creditor's name and mailing address Praveena Dharmlingam 27289 S SLEEPY HOLLOW AVE 202 HAYWARD, CA 94545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.323 1	Nonpriority creditor's name and mailing address PRECIOUS DENISE MILLER 2047 84TH AVE APT B OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.323 2	Nonpriority creditor's name and mailing address Precious Denise Miller 2047 84TH AVE APT B OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.323 3	Nonpriority creditor's name and mailing address Precious Dungey 747 EAST 84TH ST LOS ANGELES, CA 90001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.323 4	Nonpriority creditor's name and mailing address PREETINDER S SIVIA 161 LIMESTONE DR VALLEJO, CA 94589 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.323 5	Nonpriority creditor's name and mailing address Preetinder S Sivia 161 LIMESTONE DR VALLEJO, CA 94589 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.323 6	Nonpriority creditor's name and mailing address Princess Cabrera 38875 HELEN WAY FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.323 7	Nonpriority creditor's name and mailing address Priority Dispatch CVG PO Box 391 Middletown, OH 45042 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$863.75
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3.323 8	Nonpriority creditor's name and mailing address ProCourier PO Box 54846 Los Angeles, CA 90054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,710.88
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3.323 9	Nonpriority creditor's name and mailing address ProCourier (CT) 25 Harlbut Street W Hartford, CT 06110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$736.78
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3.324 0	Nonpriority creditor's name and mailing address Professional Express Inc PO Box 327 Greenville, SC 29602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$195.00
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Debtor **A-1 Express Delivery Service, Inc.** Case number (if known) **17-52865**
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3.324
1 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**
QIANG LIU
36554 CORONADO DR
FREMONT, CA 94536
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **6 mo term**
Is the claim subject to offset? ☒ No ☐ Yes

3.324
2 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**
Qiang Liu
36554 CORONADO DR
FREMONT, CA 94536
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Class List**
Is the claim subject to offset? ☒ No ☐ Yes

3.324
3 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**
Quang Dac Trang
1512 PYRAMID CT
SAN JOSE, CA 95130
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Class List**
Is the claim subject to offset? ☒ No ☐ Yes

3.324
4 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**
Quang Dat Trieu
3019 GAYWOOD CTE
SAN JOSE, CA 95135
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Class List**
Is the claim subject to offset? ☒ No ☐ Yes

3.324
5 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**
QUANG NHAT LE PHAN
4270 SAYOKO CIRCLE
SAN JOSE, CA 95136
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **6 mo term**
Is the claim subject to offset? ☒ No ☐ Yes

3.324
6 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**
Quang Nhat Le Phan
4270 SAYOKO CIRCLE
SAN JOSE, CA 95136
Date(s) debt was incurred _____
Last 4 digits of account number _____
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Class List**
Is the claim subject to offset? ☒ No ☐ Yes

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3.324 7	Nonpriority creditor's name and mailing address Quang Vinh Chu 200 FORD ROAD SPC 172 SAN JOSE, CA 95138 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.324 8	Nonpriority creditor's name and mailing address Quentin Bernard Frazier 137 LIME ST 4 INGLEWOOD, CA 90302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.324 9	Nonpriority creditor's name and mailing address QUENTYN TERRELL LINSEY 2738 HAVENSCOURT BLVD APT 5 OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.325 0	Nonpriority creditor's name and mailing address Quentyn Terrell Linsey 2738 HAVENSCOURT BLVD APT 5 OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.325 1	Nonpriority creditor's name and mailing address Quick Delivery Inc-MO PO Box 418099 Kanas City, MO 64141 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,490.77
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3.325 2	Nonpriority creditor's name and mailing address Quick Delivery Service (IL) 632 Pratt Ave North Schaumburg, IL 60193 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,697.34
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3.325 3	Nonpriority creditor's name and mailing address QuickSilver Express Courier PO Box 64417 St Paul, Mn 55164-0417 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,131.55
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3.325 4	Nonpriority creditor's name and mailing address QUIJAAN LAWSON 17209 WOODSIDE DR RENTON, WA 98058 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.325 5	Nonpriority creditor's name and mailing address R S Ferdinand Rabara Domingo 685 LUCAS AVE APT 206 LOS ANGELES, CA 90017 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.325 6	Nonpriority creditor's name and mailing address Rachel Blair Silber 5433 OCEAN UNIT 103 HAWTHORNE, CA 90250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.325 7	Nonpriority creditor's name and mailing address Rachel Diane B Alonzo 3247 GAWAIN DR SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.325 8	Nonpriority creditor's name and mailing address Rachel Nicole Sabre 493 Thompson Ave Mountain View, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div>3.325 9</div>	Nonpriority creditor's name and mailing address Rachel Rebecca Johnson 7575 STERLING DR OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.326 0</div>	Nonpriority creditor's name and mailing address Rachel-Ann Roque 2402 OHARA CT SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.326 1</div>	Nonpriority creditor's name and mailing address Rafael Alfonso Fernando 21565 Banyan St Apt 9 Hayward, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.326 2</div>	Nonpriority creditor's name and mailing address RAFAEL GUIZAR 11938 SE 251ST ST KENT, WA 98030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.326 3</div>	Nonpriority creditor's name and mailing address Rafael V Ovando Lopez 2171 107TH AVE OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.326 4</div>	Nonpriority creditor's name and mailing address Rafael Valenzuela 1610 PINE AVE LONG BEACH, CA 90813 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.326 5	Nonpriority creditor's name and mailing address Rahman Aidi Mashhoof Alkaabi 1290 LEIGH AVE APT 1 SAN JOSE, CA 95126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.326 6	Nonpriority creditor's name and mailing address Rahul Kumar 10 BOXWOOD CT PITTSBURG, CA 94565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.326 7	Nonpriority creditor's name and mailing address RAINEIR ASUNCIO GARCIA 22515 BAYVIEW AVE HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.326 8	Nonpriority creditor's name and mailing address Raineir Asuncio Garcia 22515 BAYVIEW AVE HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.326 9	Nonpriority creditor's name and mailing address RAJWINDER SINGH 2947 CAPEWOOD LN SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.327 0	Nonpriority creditor's name and mailing address Rajwinder Singh 2947 CAPEWOOD LN SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.327 1	Nonpriority creditor's name and mailing address RALPH CLIFTON PRICE III 532 GREGORY ST SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.327 2	Nonpriority creditor's name and mailing address Ralph Clifton Price III 532 GREGORY ST SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.327 3	Nonpriority creditor's name and mailing address RAMIN KIAMALOV 14500 NE 29TH PL 43G BELLEVUE, WA 98007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.327 4	Nonpriority creditor's name and mailing address Ramiro Baca 1340 NAVARRO DR SUNNYVALE, CA 94087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.327 5	Nonpriority creditor's name and mailing address Ramon Barbosa 3430 3RD AVE LOS ANGELES, CA 90018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.327 6	Nonpriority creditor's name and mailing address Ramon Biteng Chuatico Jr. 364 INNISFREE DR DALY CITY, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.327 7	Nonpriority creditor's name and mailing address Ramon Jarrell 1360 CALLE ORIENTE DR APT 2 MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.327 8	Nonpriority creditor's name and mailing address Ramon Ortega 119 PINE HEAVEN DR DALY CITY, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.327 9	Nonpriority creditor's name and mailing address Ramses Leroi Bulatao 282 N MAYFAIR AVE DALY CITY, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.328 0	Nonpriority creditor's name and mailing address RAMYAR SIASI 4285 PAYNE AVE APT 10681 SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.328 1	Nonpriority creditor's name and mailing address Ramyar Siasi 4285 PAYNE AVE APT 10681 SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.328 2	Nonpriority creditor's name and mailing address Randal James Guitierrez 473 87TH ST APT 3 DALY CITY, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.328 3</div>	Nonpriority creditor's name and mailing address RANDY MUSE 200 ALRIES PITTSBURGH, PA 15210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.328 4</div>	Nonpriority creditor's name and mailing address Randy Slone 2050 S RIDGELEY LOS ANGELES, CA 90016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.328 5</div>	Nonpriority creditor's name and mailing address Rap Express Inc 2486 Waynoka Road Colorado Springs, CO 80915 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$84.14</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.328 6</div>	Nonpriority creditor's name and mailing address Raphael Cabusas Subijano 31414 SAN JACINTO CT UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.328 7</div>	Nonpriority creditor's name and mailing address Rapid Express Courier System PO Box 5796 Santa Rosa, CA 95402 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,260.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.328 8</div>	Nonpriority creditor's name and mailing address RAQUEL RODRIGUEZ-DOMINGUEZ 2855 GRAND CONCOURSE APT 2B BRONX, NY 10468 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.328 9	Nonpriority creditor's name and mailing address RASHAD DENT 30 TUNNEL WAY MCKEES ROCKS, PA 15136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.329 0	Nonpriority creditor's name and mailing address RASHAD MALIK AM ZAID 435 STARBRIDGE CT PLEASANT HILL, CA 94523 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.329 1	Nonpriority creditor's name and mailing address Rashad Malik Am Zaid 435 STARBRIDGE CT PLEASANT HILL, CA 94523 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.329 2	Nonpriority creditor's name and mailing address Rasheka Michell Bernard 4441 Renaissance Dr. #432 San Jose, CA 95134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.329 3	Nonpriority creditor's name and mailing address Rashima Simpson 29581 HIGHATE DR APT 117 HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.329 4	Nonpriority creditor's name and mailing address Raul Antonio Masias 2157 BROADMORE AVE SAN PABLO, CA 94806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.329 5	Nonpriority creditor's name and mailing address RAUL ERNESTO TOBIAS 415 S BUENA VISTA AVE APT 5 SAN JOSE, CA 95126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.329 6	Nonpriority creditor's name and mailing address Raul Ernesto Tobias 415 S BUENA VISTA AVE APT 5 SAN JOSE, CA 95126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.329 7	Nonpriority creditor's name and mailing address Raul Ornelas -Velazquez 801 SUEIRRO ST HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.329 8	Nonpriority creditor's name and mailing address Raulito Jonathan F. Teano 36543 SAN PEDRO DR APT 292 FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.329 9	Nonpriority creditor's name and mailing address Raven Freeman 1223 VINE ST APT A SAN JOSE, CA 95110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.330 0	Nonpriority creditor's name and mailing address RAVI AACHARYA 1212 W MCKINLEY AVE APT 10 SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.330 1</div>	Nonpriority creditor's name and mailing address Ravi Acharya 1212 W MCKINLEY AVE APT 10 SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.330 2</div>	Nonpriority creditor's name and mailing address RAVONNE DEANA OLIVER 4510 MAGI CT ANTIOCH, CA 94509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.330 3</div>	Nonpriority creditor's name and mailing address Ravonne Deana Oliver 4510 MAGI CT ANTIOCH, CA 94509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.330 4</div>	Nonpriority creditor's name and mailing address RAVONNIE SAMONE WARREN 23046 KLAMATH RD. HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.330 5</div>	Nonpriority creditor's name and mailing address Ravonnie Samone Warren 23046 KLAMATH RD. HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.330 6</div>	Nonpriority creditor's name and mailing address Ray Anthony Stribling II 1055 S 6TH ST APT 258 SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

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3.330 7	Nonpriority creditor's name and mailing address Ray Dexter Danan 642 BLYTHE COURT UNIT 7 SUNNYVALE, CA 94085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.330 8	Nonpriority creditor's name and mailing address Ray Rodriguez 3300 LEAVESLEY RD GILROY, CA 95020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.330 9	Nonpriority creditor's name and mailing address Rayfield Shawn Brown 27 WEST 53 STREET LONG BEACH, CA 90805 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.331 0	Nonpriority creditor's name and mailing address Raymien Henry Dale Williamson 365 JOAN VISTA EL SOBRANTE, CA 94803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.331 1	Nonpriority creditor's name and mailing address Raymon Torres 6699 CATAWBA AVENUE FONTANA, CA 92336 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.331 2	Nonpriority creditor's name and mailing address RAYMOND ALBERT GUEVARA 3429 AGATE DR #4 SANTA CLARA, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc.	Case number (if known)	17-52865
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3.331 3	Nonpriority creditor's name and mailing address Raymond Albert Guevara 3461 SAN MARCOS WAY SANTA CLARA, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.331 4	Nonpriority creditor's name and mailing address Raymond Alexander Gilliam 14108 DOTY AVE APT 25 HAWTHORNE, CA 90250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.331 5	Nonpriority creditor's name and mailing address Raymond Alexander Vance PO BOX 2251 SAN JOSE, CA 95109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.331 6	Nonpriority creditor's name and mailing address RAYMOND BALARBA MANUEL 493 DONAHE DR MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.331 7	Nonpriority creditor's name and mailing address Raymond Balarbar Manuel 493 DONAHE DR MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.331 8	Nonpriority creditor's name and mailing address Raymond Bolivar 4119 OLIVE ST CUDAHY, CA 90201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.331 9	Nonpriority creditor's name and mailing address Raymond Chacon 8414 MANZANAR AVE PICO RIVERA, CA 90660 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.332 0	Nonpriority creditor's name and mailing address Raymond Garcia Sanchez 188 MORNINGSIDE DR DALY CITY, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.332 1	Nonpriority creditor's name and mailing address Raymond Joseph Perales Meza 2940 MAGLIOCCO DR APT 2 SAN JOSE, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.332 2	Nonpriority creditor's name and mailing address RAYMOND LAMONT MALLOY 328 OLD FORGE LANE APT 2211 ODENTON, MD 21113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.332 3	Nonpriority creditor's name and mailing address RAYMOND NEIL TRIBBLE 2656 EAST 55 WAY APT 6 LONG BEACH, CA 90805 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.332 4	Nonpriority creditor's name and mailing address Raymond Neil Tribble 2656 EAST 55 WAY APT 6 LONG BEACH, CA 90805 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.332 5	Nonpriority creditor's name and mailing address RAYMOND ROY RETZLAFF 2900 FAIRVIEW RD APT 20 HOLLISTER, CA 95023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.332 6	Nonpriority creditor's name and mailing address Raymond Roy Retzlaff 2900 FAIRVIEW RD APT 20 HOLLISTER, CA 95023 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.332 7	Nonpriority creditor's name and mailing address Raymund Macabeo Encarnacion 2845 CORDA DRIVE SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.332 8	Nonpriority creditor's name and mailing address RAZMIK ARAKEL 1352 PALOS VERDES DR SAN MATEO, CA 94403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.332 9	Nonpriority creditor's name and mailing address Razmik Arakel 1352 PALOS VERDES DR SAN MATEO, CA 94403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.333 0	Nonpriority creditor's name and mailing address Rb Wilson 18012 ALBURTIS AVE ARTESIA, CA 90701 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.333 1	Nonpriority creditor's name and mailing address Rebecca Diane Obryan 127 TIMBERCOVE DR CAMPBELL, CA 95008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.333 2	Nonpriority creditor's name and mailing address REBECCA VOILES 107 LAKERIDGE RD NEWMAN, GA 30263 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.333 3	Nonpriority creditor's name and mailing address Recology San Mateo 225 Shoreway Road San Carlos, CA 94070-2712 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$210.73
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3.333 4	Nonpriority creditor's name and mailing address Redwan Issa Oussman 351 H AVE BLDG 442 SAN FRANCISCO, CA 94130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.333 5	Nonpriority creditor's name and mailing address Regina Nieama Nicole Blackwell 430 GATEWAY DRIVE APT #80 PACIFICA, CA 94044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.333 6	Nonpriority creditor's name and mailing address REGINA TOMASA I VALENTIN 1587 GARVEY PL SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.333 7	Nonpriority creditor's name and mailing address Regina Tomasa I Valentin 1587 GARVEY PL SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.333 8	Nonpriority creditor's name and mailing address Reginald Reggie Chandra 756 HILLSIDE BLVD DALY CITY, CA 94014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.333 9	Nonpriority creditor's name and mailing address Rehan Qaisar 3568 AGATE DR APT 10 SANTA CLARA, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.334 0	Nonpriority creditor's name and mailing address REINISHA MCDOWELL 4063 NICOLET AVE APT 2 LOS ANGELES, CA 90008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.334 1	Nonpriority creditor's name and mailing address Reinisha McDowell 4063 NICOLET AVE APT 2 LOS ANGELES, CA 90008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.334 2	Nonpriority creditor's name and mailing address Reliable Delivery 21450 Trolley Industrial Dr Taylor, MI 48180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,596.90
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Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.334 3</div>	Nonpriority creditor's name and mailing address RENADO PARKER 2418 70TH AVE W APT 8 UNIVERSITY PLACE, WA 98466 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.334 4</div>	Nonpriority creditor's name and mailing address Rene David Broussard 1878 PARK AVE APT #6 SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.334 5</div>	Nonpriority creditor's name and mailing address Rene Odir Gonzalez 8408 AQUEDUCT AVE NORTH HILLS, CA 91343 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.334 6</div>	Nonpriority creditor's name and mailing address RENEE DANIELLE SINGH 1393 TEAKWOOD DR APT 73 SAN JOSE, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.334 7</div>	Nonpriority creditor's name and mailing address Renee Danielle Singh 1393 TEAKWOOD DR APT 73 SAN JOSE, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.334 8</div>	Nonpriority creditor's name and mailing address RENEE MARGARET ZINSKY 802 TORREY PINE DR MARS, PA 16046 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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Debtor **A-1 Express Delivery Service, Inc.**

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3.334 9	Nonpriority creditor's name and mailing address Renee Rachell Chavez 3086 WOODS WAY SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.335 0	Nonpriority creditor's name and mailing address Renee Victoria Alvarez 691 ONTARIO CT APT 2 SUNNYVALE, CA 94087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.335 1	Nonpriority creditor's name and mailing address RENSON MATEO 2131 PORT WAY SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.335 2	Nonpriority creditor's name and mailing address Renson Raymond Mateo 2131 PORT WAY SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.335 3	Nonpriority creditor's name and mailing address RESHON WATSON 1430 WEST CASINO RD 352 EVERETT, WA 98204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.335 4	Nonpriority creditor's name and mailing address REX LIAO ABAYA 123 EL RANCHO DR SOUTH SAN FRANCISCO, CA 94080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.335 5	Nonpriority creditor's name and mailing address Rex Liao Abaya 123 EL RANCHO DR SOUTH SAN FRANCISCO, CA 94080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.335 6	Nonpriority creditor's name and mailing address REYNALDO SANTOS GAVILE 515 LAUREL AVE. HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.335 7	Nonpriority creditor's name and mailing address Reynaldo Santos Gavile 515 LAUREL AVE. HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.335 8	Nonpriority creditor's name and mailing address RHINESTON LACAN PASCUAL 8477 GOLF LINKS RD OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.335 9	Nonpriority creditor's name and mailing address Rhineston Lacandazo Pascual 8477 GOLF LINKS RD OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.336 0	Nonpriority creditor's name and mailing address RHYEN VICTOR-AL COMBS 101 MARQUETTE AVE VALLEJO, CA 94589 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.336 1</div>	Nonpriority creditor's name and mailing address Rhyen Victor-Al Combs 101 MARQUETTE AVE VALLEJO, CA 94589 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.336 2</div>	Nonpriority creditor's name and mailing address Ricardo Fierros Sandoval 2 CORONADO AVE APT #14 DALY CITY, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.336 3</div>	Nonpriority creditor's name and mailing address RICARDO GONZALE VALDEZ 3953 WEST 59TH ST LOS ANGELES, CA 90043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.336 4</div>	Nonpriority creditor's name and mailing address Ricardo Gonzalez Valdez 3953 WEST 59TH ST LOS ANGELES, CA 90043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.336 5</div>	Nonpriority creditor's name and mailing address Ricardo O Martinez Gonzalez 17937 MONTEREY RD APT 306 MORGAN HILL, CA 95037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.336 6</div>	Nonpriority creditor's name and mailing address Ricardo Quezada 1047 COLORADO AVE PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

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3.336 7	Nonpriority creditor's name and mailing address Ricardo Quijada 1301 S ALMADEN AVE SAN JOSE, CA 95110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.336 8	Nonpriority creditor's name and mailing address RICHAR RODRIGUEZ 2725 MORRIS AVENUE APT 4E BRONX, NY 10468 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.336 9	Nonpriority creditor's name and mailing address Richard Alex Collantes 326 CAPISTRANO AVE SAN FRANCISCO, CA 94112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.337 0	Nonpriority creditor's name and mailing address Richard Binh-Thuan Cao 3325 Morning View Ter Fremont, CA 94539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.337 1	Nonpriority creditor's name and mailing address RICHARD CANO 2932 DRIFTWOOD DR SAN JOSE,, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.337 2	Nonpriority creditor's name and mailing address Richard Cano 2932 DRIFTWOOD DR SAN JOSE,, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.337 3	Nonpriority creditor's name and mailing address RICHARD CHEN 641 CATAMARAN ST APT 4 SAN MATEO, CA 94404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.337 4	Nonpriority creditor's name and mailing address Richard Chen 641 CATAMARAN ST APT 4 SAN MATEO, CA 94404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.337 5	Nonpriority creditor's name and mailing address Richard Clay Anderson 1469 SOUTH WHITE RD SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.337 6	Nonpriority creditor's name and mailing address Richard Dean Herrera 1655 LOS SUENOS AVE SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.337 7	Nonpriority creditor's name and mailing address RICHARD FRANK GARCIA 402 RAYMOND AVE SAN JOSE, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.337 8	Nonpriority creditor's name and mailing address Richard Frank Garcia 402 RAYMOND AVE SAN JOSE, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.337 9	Nonpriority creditor's name and mailing address RICHARD FREDIE MORELL 527 WALKER DRIVE APT 6 MOUNTAIN VIEW, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.338 0	Nonpriority creditor's name and mailing address Richard Freddie Morell 527 WALKER DRIVE APT 6 MOUNTAIN VIEW, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.338 1	Nonpriority creditor's name and mailing address Richard Ho Uy 414 MOUNTAIN LAUREL CT MOUNTAIN VIEW, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.338 2	Nonpriority creditor's name and mailing address Richard Jackson 911 EDGEWOOD ST #8 INGLEWOOD, CA 90302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.338 3	Nonpriority creditor's name and mailing address Richard Jesus Mendoza 3027 SAN JUAN AVENUE SANTA CLARA, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.338 4	Nonpriority creditor's name and mailing address RICHARD JOHN CORRAL 105 MOUNDHAVEN CT SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.338 5	Nonpriority creditor's name and mailing address Richard John Corral 105 MOUNDHAVEN CT SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.338 6	Nonpriority creditor's name and mailing address Richard Jovany Zelayandia 3708 CARDIFF AVE LOS ANGELES, CA 90034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.338 7	Nonpriority creditor's name and mailing address Richard Lagman Diaz 4304 AGENA CIRCLE UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.338 8	Nonpriority creditor's name and mailing address Richard Mercado Arreza 10184 SYLVANDALE AVE SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.338 9	Nonpriority creditor's name and mailing address Richard Michael De Lara Jr 1383 EVERGREEN WAY TRACY, CA 95376 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.339 0	Nonpriority creditor's name and mailing address Richard Nguyen 3421 CAROBWOOD COURT SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.339 1	Nonpriority creditor's name and mailing address Richard P Wu 292 Lincoln Ave Daly City, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.339 2	Nonpriority creditor's name and mailing address Richard Pittman 932 IROLO STREET APT 108 LOS ANGELES, CA 90064 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.339 3	Nonpriority creditor's name and mailing address Richard Ramos Viray 653 CLAUSER DR MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.339 4	Nonpriority creditor's name and mailing address Richard Ray Magpantay 28257 CAPITOLA ST. HAYWARD, CA 94545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.339 5	Nonpriority creditor's name and mailing address Richard Reyes Castaneda 1437 BLACKSTONE AVE SAN JOSE, CA 95118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.339 6	Nonpriority creditor's name and mailing address Richard Steuer Silva 15583 VIA VEGA SAN LORENZO, CA 94580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.339 7	Nonpriority creditor's name and mailing address RICHARD VALDEZ SACLAYAN 1765 COMMODORE DR SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.339 8	Nonpriority creditor's name and mailing address Richard Valdez Saclayan 1765 COMMODORE DR SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.339 9	Nonpriority creditor's name and mailing address Richard Watson Guy Jr 2904 SUMMER ST APT 2904 SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.340 0	Nonpriority creditor's name and mailing address RICHARD WHITLEY 905 MARY ST PO BOX 89 LANGCLOTH, PA 15054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.340 1	Nonpriority creditor's name and mailing address RICKY R HOLT 1496 ALMADEN RD APT 207 SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.340 2	Nonpriority creditor's name and mailing address Ricky R Holt 1496 ALMADEN RD APT 207 SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.340 3	Nonpriority creditor's name and mailing address Rico Faithful Blevins 133 CORBIN WAY LONG BEACH, CA 90805 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.340 4	Nonpriority creditor's name and mailing address Right Now Couriers 96 S West Ave Fresno, CA 93706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,620.00
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3.340 5	Nonpriority creditor's name and mailing address RIGOR DIVINA GR CAMPANO 1287 E STREET HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.340 6	Nonpriority creditor's name and mailing address Rigor Divina Gr Campano 1287 E STREET HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.340 7	Nonpriority creditor's name and mailing address Rina Chanchanian 1570 PARKVIEW AVE SAN JOSE, CA 95130 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.340 8	Nonpriority creditor's name and mailing address Rio Morales Tiglao 561 FALLSBURG CT BRENTWOOD, CA 94513 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.340 9	Nonpriority creditor's name and mailing address Rita Espinoza 2107 SHORTRIDGE AVE SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.341 0	Nonpriority creditor's name and mailing address RLD Wholesale 163 Gold Cove Ln Johns Creek, GA 30097 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$936.10
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3.341 1	Nonpriority creditor's name and mailing address rmanJason Andrew Fedor-Thu 15065 Sunnyside ave Morgan Hill, CA 95037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.341 2	Nonpriority creditor's name and mailing address Robby Ray Lockridge 22302 CENTER ST APT 8 CASTRO VALLEY, CA 94546 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.341 3	Nonpriority creditor's name and mailing address Robel Tsegay Fesseha 740 SHARMON PALMS LN APT D CAMPBELL, CA 95008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.341 4	Nonpriority creditor's name and mailing address ROBERA E BILATA 3320 MACARTHUR BLVD APT 2 OAKLAND, CA 94602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.341 5	Nonpriority creditor's name and mailing address Robera E Bilata 3320 MACARTHUR BLVD APT 2 OAKLAND, CA 94602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.341 6	Nonpriority creditor's name and mailing address ROBERT BRIAN MCCAIN 415 EDNA ST SAN FRANCISCO, CA 94112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.341 7	Nonpriority creditor's name and mailing address Robert Brian McCain 415 EDNA ST SAN FRANCISCO, CA 94112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.341 8	Nonpriority creditor's name and mailing address Robert Cabrera 730 1/2 SAYBROOK AVE LOS ANGELES, CA 90022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.341 9	Nonpriority creditor's name and mailing address Robert Dale Crawford 484 ARIEL DR SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.342 0	Nonpriority creditor's name and mailing address Robert Edward Smith Jr 14862 FOXCROFT RD TUSTIN, CA 92780 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Name

3.342 1	Nonpriority creditor's name and mailing address ROBERT F GARCIA 623 BONACCORSO PLACE SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.342 2	Nonpriority creditor's name and mailing address Robert F Garcia 623 BONACCORSO PLACE SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.342 3	Nonpriority creditor's name and mailing address Robert Griffin 200 EAST DANA ST APT 19 MOUNTAIN VIEW, CA 94041 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.342 4	Nonpriority creditor's name and mailing address ROBERT JAY MCCULLOCH 978 SCOTSGLEN CT SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.342 5	Nonpriority creditor's name and mailing address Robert Jay Mcculloch 978 SCOTSGLEN CT SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.342 6	Nonpriority creditor's name and mailing address ROBERT JOHN HUBER 1771 LAGUNA ST APT 7 CONCORD, CA 94520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.342 7	Nonpriority creditor's name and mailing address Robert John Huber 1771 LAGUNA ST APT 7 CONCORD, CA 94520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.342 8	Nonpriority creditor's name and mailing address Robert Lau 81 MINERVA ST SAN FRANCISCO, CA 94112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.342 9	Nonpriority creditor's name and mailing address Robert Leland 1279 PALM STREET SAN JOSE, CA 95110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.343 0	Nonpriority creditor's name and mailing address ROBERT M MITCHELL 1338 BERGEN ST 7 BROOKLYN, NY 11213 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.343 1	Nonpriority creditor's name and mailing address Robert Matthews Wisckol 2032 SW EXPRESSWAY APT 21 SAN JOSE, CA 95126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.343 2	Nonpriority creditor's name and mailing address ROBERT MCGOURTY 524 CRIMSONBERRY WAY SAN JOSE, CA 95129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Case number (if known)

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Name

3.343 3	Nonpriority creditor's name and mailing address Robert McGourty 524 CRIMSONBERRY WAY SAN JOSE, CA 95129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.343 4	Nonpriority creditor's name and mailing address Robert Ngoc Tran 119 biddleford Ct San Jose, CA 95139 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.343 5	Nonpriority creditor's name and mailing address Robert Reed 11463 S NORMANDIE APT 26 LOS ANGELES, CA 90044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.343 6	Nonpriority creditor's name and mailing address ROBERT T FREGOSI 14026 WALLINGFORD AVE N SEATTLE, WA 98133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.343 7	Nonpriority creditor's name and mailing address Robert T Garfield 2361 CABRILLO AVE SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.343 8	Nonpriority creditor's name and mailing address ROBERT TERRELL ROSEMOND JR 1218 8TH ST OAKLAND, CA 94607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.343 9	Nonpriority creditor's name and mailing address Robert Terrell Rosemond Jr 1218 8TH ST OAKLAND, CA 94607 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.344 0	Nonpriority creditor's name and mailing address Robert Thomas McNeil 3619 SLOPEVIEW DR SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.344 1	Nonpriority creditor's name and mailing address Robert Vallarta 369 N 20TH APT B SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.344 2	Nonpriority creditor's name and mailing address ROBERT VAUGHNS 604 HOLMES STREET PITTSBURGH, PA 15221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.344 3	Nonpriority creditor's name and mailing address ROBERT WILLIAM CUMMINS 2124 PARKER ST APT 207 BERKELEY, CA 94704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.344 4	Nonpriority creditor's name and mailing address Robert William Cummins 2124 PARKER ST APT 207 BERKELEY, CA 94704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.344 5	Nonpriority creditor's name and mailing address ROBERTO MANZO-PRADO 2855 MURTHA DR SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.344 6	Nonpriority creditor's name and mailing address Roberto Manzo-Prado 2855 MURTHA DR SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.344 7	Nonpriority creditor's name and mailing address Roberto Marcial 1349 W. 73RD ST. LOS ANGELES, CA 90044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.344 8	Nonpriority creditor's name and mailing address ROBERTO RAMON RIVERA 440 DIXON LANDING RD APT B203 MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.344 9	Nonpriority creditor's name and mailing address Roberto Ramon Rivera 440 DIXON LANDING RD APT B203 MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.345 0	Nonpriority creditor's name and mailing address ROBERTO TORRES MALICDEM 44 N JACKSON AVE APT G19 SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

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3.345 1	Nonpriority creditor's name and mailing address Roberto Torres Malicdem 44 N JACKSON AVE APT G19 SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.345 2	Nonpriority creditor's name and mailing address Robin Powis Fournier POBOX 420305 SAN DIEGO, CA 92142 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.345 3	Nonpriority creditor's name and mailing address Rocio Torres 416 LORETO ST APT 03 LOS ANGELES, CA 90065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.345 4	Nonpriority creditor's name and mailing address RODELIO N PAUTIN 3972 STEIN CT SOUTH SAN FRANCISCO, CA 94080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.345 5	Nonpriority creditor's name and mailing address Rodelio N Pautin 3972 STEIN CT SOUTH SAN FRANCISCO, CA 94080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.345 6	Nonpriority creditor's name and mailing address RODERICK J URQUHART 12345 LAKE CITY WAY NE #375 SEATTLE, WA 98125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.345 7	Nonpriority creditor's name and mailing address Roderick McGhee 95 BUTLER ST MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.345 8	Nonpriority creditor's name and mailing address RODERICK PARKS 1503 NORTH AVENUE PITTSBURGH, PA 15221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.345 9	Nonpriority creditor's name and mailing address Rodney Brooks 2773 EULALIE DR SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.346 0	Nonpriority creditor's name and mailing address Rodney Darnell Alexander 655 S 26TH ST RICHMOND, CA 94804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.346 1	Nonpriority creditor's name and mailing address RODNEY ISAIAH MORGAN 9034 HILLSIDE ST APT A OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.346 2	Nonpriority creditor's name and mailing address Rodney Isaiah Morgan 9034 HILLSIDE ST APT A OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.346 3	Nonpriority creditor's name and mailing address Rodney James Best 5519 WALNUT ST OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.346 4	Nonpriority creditor's name and mailing address RODNEY JOSEPH KNOX 9301 BANCROFT AVE OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.346 5	Nonpriority creditor's name and mailing address Rodney Joseph Knox 9301 BANCROFT AVE OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.346 6	Nonpriority creditor's name and mailing address RODOLFO MENA AUERBACH 1176 MASTIC ST SAN JOSE, CA 95110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.346 7	Nonpriority creditor's name and mailing address Rodolfo Mena Auerbach 1176 MASTIC ST SAN JOSE, CA 95110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.346 8	Nonpriority creditor's name and mailing address Rodolfo Rodriguez PO BOX 6673 SANTA MARIA, CA 93456 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

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3.346 9	Nonpriority creditor's name and mailing address Rodric Jacarri McDonald 2781 SAN LEANDRO BLVD SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.347 0	Nonpriority creditor's name and mailing address Rodrigo Guillen 9624 KAUFFMAN AVE SOUTH GATE, CA 90280 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.347 1	Nonpriority creditor's name and mailing address Rogelio Acosta Carrasco 1160 S 7TH ST SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.347 2	Nonpriority creditor's name and mailing address Rogelio Diaz Rabelo 3928 FOOTHILL BLVD OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.347 3	Nonpriority creditor's name and mailing address Rohit Navnitbhai Patel 100 PALM VALLEY BLVD APT 2059 SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.347 4	Nonpriority creditor's name and mailing address Roland Crisostomo Camacho 190 KIELY BLVD APT 2 SANTA CLARA, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.347 5	Nonpriority creditor's name and mailing address ROLAND JAMES LA NICOLAS 435 BIXBY DR MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.347 6	Nonpriority creditor's name and mailing address Roland James Larroza Nicolas 435 BIXBY DR MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.347 7	Nonpriority creditor's name and mailing address Rolando Cordero David 5744 OWENS DR 103 PLEASANTON, CA 94588 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.347 8	Nonpriority creditor's name and mailing address Ron Gatab Bendanillo 1346 E SAN ANTONIO ST APT 130 SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.347 9	Nonpriority creditor's name and mailing address RON SURRETT 2007 LAFONTAINE AVE 2E BRONX, NY 10457 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.348 0	Nonpriority creditor's name and mailing address Ronald Aries Domingo Naranja 3320 CABRILLO AVE APT 3 SANTA CLARA, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.348 1	Nonpriority creditor's name and mailing address Ronald Charles Tribble III 6301 ATLANTIC AVENUE APT 25 LONG BEACH, CA 90805 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.348 2	Nonpriority creditor's name and mailing address Ronald Eugene Abercrombie 1945 W IMPERIAL HWY LOS ANGELES, CA 90047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.348 3	Nonpriority creditor's name and mailing address RONALD JEMMOTT 102-22 188TH ST QUEENS, NY 11423 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.348 4	Nonpriority creditor's name and mailing address Ronald Ross-Galindo 825 SINGLETON RD SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.348 5	Nonpriority creditor's name and mailing address RONALD SEMPUNGA 2425 MACARTHUR BLVD APT 31 OAKLAND, CA 94602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.348 6	Nonpriority creditor's name and mailing address Ronald Sempunga 2425 MACARTHUR BLVD APT 31 OAKLAND, CA 94602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div>3.348 7</div>	Nonpriority creditor's name and mailing address RONALD STEVEN SWANSON III 2900 PULLMAN AVE APT 108 RICHMOND, CA 94804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.348 8</div>	Nonpriority creditor's name and mailing address Ronald Steven Swanson III 2900 PULLMAN AVE APT 108 RICHMOND, CA 94804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.348 9</div>	Nonpriority creditor's name and mailing address Ronaldo Alberto Perez 1948 22ND ST SAN PABLO, CA 94806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.349 0</div>	Nonpriority creditor's name and mailing address Ronaldo Bolante Dondoy P O BOX 1268 MILLBRAE, CA 94030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.349 1</div>	Nonpriority creditor's name and mailing address Ronaldo Morelos Ilusorio 31 MUIRFIELD CT SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<div>3.349 2</div>	Nonpriority creditor's name and mailing address RONNIE DEVIN PECH 1770 KAMMERER AVE SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.349 3	Nonpriority creditor's name and mailing address Ronnie Devin Pech 1770 KAMMERER AVE SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.349 4	Nonpriority creditor's name and mailing address RONNIE GENE FULLER JR 90 E EDMUNDSON AVE APT 3 MORGAN HILL, CA 95037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.349 5	Nonpriority creditor's name and mailing address Ronnie Gene Fuller Jr 90 E EDMUNDSON AVE APT 3 MORGAN HILL, CA 95037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.349 6	Nonpriority creditor's name and mailing address Rosa Yanira Castrillo 166 MONROE STREET #10 SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.349 7	Nonpriority creditor's name and mailing address ROSELLER BREGEN UY 445 S WESTERN AVE UNIT 427 LOS ANGELES, CA 90020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.349 8	Nonpriority creditor's name and mailing address Roseller Bregente Uy 445 S WESTERN AVE UNIT 427 LOS ANGELES, CA 90020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Name

3.349 9	<p>Nonpriority creditor's name and mailing address</p> <p>Rosemarie Rodriguez 6065 OAK KNOLL ROAD EL SOBRANTE, CA 94803</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Class List</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
3.350 0	<p>Nonpriority creditor's name and mailing address</p> <p>Rosio Salazar-Tapia 6987 AVENIDA ROTELLA SAN JOSE, CA 95139</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Class List</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
3.350 1	<p>Nonpriority creditor's name and mailing address</p> <p>ROSLYNN ANNETTE BRILEY 10400 LONGFELLOW AVE OAKLAND, CA 94603</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>6 mo term</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
3.350 2	<p>Nonpriority creditor's name and mailing address</p> <p>Roslynn Annette Briley 10400 LONGFELLOW AVE OAKLAND, CA 94603</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Class List</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
3.350 3	<p>Nonpriority creditor's name and mailing address</p> <p>Ross Lane & Company, LLC 7000 Peachtree Dunwoody Road Building One Atlanta, GA 30328</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$13,000.00
3.350 4	<p>Nonpriority creditor's name and mailing address</p> <p>Roy Lee Richard Sr. 826 44TH ST OAKLAND, CA 94608</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Class List</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.350 5	Nonpriority creditor's name and mailing address Royal Jamez Forcell 3191 7TH ST APT 332 LOS ANGELES, CA 90005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.350 6	Nonpriority creditor's name and mailing address Ruben Anthony Garcia Jr 14475 JERILYN DR SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.350 7	Nonpriority creditor's name and mailing address Ruben Dario Ramirez 3015 E BAYSHORE RD APT 400 REDWOOD CITY, CA 94063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.350 8	Nonpriority creditor's name and mailing address Ruben Garcia 4550 SANAA ANA ST APT 2 CUDAHY, CA 90201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.350 9	Nonpriority creditor's name and mailing address Ruben Italo Leni 845 SPINDRIFT WAY SAN JOSE, CA 95134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.351 0	Nonpriority creditor's name and mailing address Ruben Renee Holmes 78 S LIBERTAD ST TRACY, CA 95391 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.351 1</div>	Nonpriority creditor's name and mailing address Ruben Verduzco 2352 kaydel Road Whittier, CA 90601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.351 2</div>	Nonpriority creditor's name and mailing address Ruby Karyo 905 NORTH CURSON AVE APT 8 WEST HOLLYWOOD, CA 90046 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.351 3</div>	Nonpriority creditor's name and mailing address RUDOLPH MATTHEW MARTINEZ JR 1573 HERMOCILLA WAY SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.351 4</div>	Nonpriority creditor's name and mailing address Rudolph Matthew Martinez Jr 1573 HERMOCILLA WAY SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.351 5</div>	Nonpriority creditor's name and mailing address Rudy Tenas 41 FRANCIS STREET SAN FRANCISCO, CA 94112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.351 6</div>	Nonpriority creditor's name and mailing address Rufus Raynard Gordon Jr 1058 S 5TH ST #226 SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

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Name

3.351 7	Nonpriority creditor's name and mailing address Runzhi Lin 34457 SHENANDOAH PL FREMONT, CA 94555 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.351 8	Nonpriority creditor's name and mailing address Rupinder Singh 2150 MONROE ST APT 15 SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.351 9	Nonpriority creditor's name and mailing address Ryan Ant Ramire Pagkaliwangan 548 St Anton Way Hayward, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.352 0	Nonpriority creditor's name and mailing address Ryan Joseph Santos 1258 NIEVES COURT MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.352 1	Nonpriority creditor's name and mailing address Ryan Kendrick Santos 3579 SANDPEBBLE DR APT 617 SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.352 2	Nonpriority creditor's name and mailing address RYAN LAMONT PAYNE 3641 FIGUEROA DRIVE SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

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Name

3.352 3	Nonpriority creditor's name and mailing address Ryan Lamont Payne 3641 FIGUEROA DRIVE SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.352 4	Nonpriority creditor's name and mailing address RYAN MCCORKLE 320 ACREVIEW DR ALPHARETTA, GA 30022 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.352 5	Nonpriority creditor's name and mailing address RYAN MUNSTER 1791 ROCKLAND DR SE ATLANTA, GA 30316 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.352 6	Nonpriority creditor's name and mailing address RYAN VIRICE BEASLEY 2208 W 8TH ST APT 222 LOS ANGELES, CA 90057 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.352 7	Nonpriority creditor's name and mailing address Ryan Virice Beasley 2208 W 8TH ST APT 222 LOS ANGELES, CA 90057 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.352 8	Nonpriority creditor's name and mailing address Ryan Yu 1062 ARBOR RD MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.352 9	Nonpriority creditor's name and mailing address Ryder PO Box 402366 Atlanta, GA 30384 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,296.66
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3.353 0	Nonpriority creditor's name and mailing address S L B VALDESPINO 24050 SILVA AVENUE APT 24 HAYWARD, CA 94544-1558 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.353 1	Nonpriority creditor's name and mailing address S L B Valdespino 24050 SILVA AVENUE APT 24 HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.353 2	Nonpriority creditor's name and mailing address Sabrina S Kelly 4110 SANTO TOMAS DRIVE #C LOS ANGELES, CA 90008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.353 3	Nonpriority creditor's name and mailing address SADE M BECKFORD 2600 SAN LEANDRO BLVD APT 304 SAN LEANDRO, CA 94578-9457 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.353 4	Nonpriority creditor's name and mailing address Sade M Beckford 2600 SAN LEANDRO BLVD APT 304 SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc.	Case number (if known)	17-52865
	Name		

3.353 5	Nonpriority creditor's name and mailing address Sagar Deo P.O.BOX 1052 Windsor, CA 95492 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.353 6	Nonpriority creditor's name and mailing address Sahar Panshir 749 CENTRAL AVE APT B ALAMEDA, CA 94501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.353 7	Nonpriority creditor's name and mailing address SAI K SANAKA 4073 SAN FRANCISCO TERRACE FREMONT, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.353 8	Nonpriority creditor's name and mailing address Sai K Sanaka 4073 SAN FRANCISCO TERRACE FREMONT, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.353 9	Nonpriority creditor's name and mailing address SAID DAHIR 328 NW RICHMOND BEACH RD 303 SHORELINE, WA 98177 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.354 0	Nonpriority creditor's name and mailing address Saif Ayad Alshathr 2275 ROYAL DR APT 1 SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.354 1	Nonpriority creditor's name and mailing address SAKARIA ABSIYA 14442 59TH AVENUE SOUTH APT 27 TUKWILA, WA 98168 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.354 2	Nonpriority creditor's name and mailing address SALAAMAN E JONES 2394 CHESHIRE PL SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.354 3	Nonpriority creditor's name and mailing address Salaaman E Jones 2394 CHESHIRE PL SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.354 4	Nonpriority creditor's name and mailing address Salesh Chand 1115 E POPLAR AVE SAN MATEO, CA 94401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.354 5	Nonpriority creditor's name and mailing address Sally Phu 1709 CLEAR LAKE AVE MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.354 6	Nonpriority creditor's name and mailing address Salt City Couriers Inc 451 E 300 South Ste 200 Salt Lake City, UT 84111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,296.25
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.354 7	Nonpriority creditor's name and mailing address SAM ATH OUN 2987 PATT AVE SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.354 8	Nonpriority creditor's name and mailing address Sam Ath Oun 2987 PATT AVE SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.354 9	Nonpriority creditor's name and mailing address Sam Moon 1730 HALFORD AVE #243 SANTA CLARA, CA 95951 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.355 0	Nonpriority creditor's name and mailing address SAM VALENTI 610 N BAYVIEW AVE SUNNYVALE, CA 94085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.355 1	Nonpriority creditor's name and mailing address Sam Valenti 610 N BAYVIEW AVE SUNNYVALE, CA 94085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.355 2	Nonpriority creditor's name and mailing address Saman Khodaei 1162 SARANAP AVE APT 9A WALNUT CREEK, CA 94595 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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3.355 3	Nonpriority creditor's name and mailing address SAMANTHA ISAAC 240 EAST 175TH STREET APT 608 BRONX, NY 10457 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.355 4	Nonpriority creditor's name and mailing address SAMETER MOHAMME ADEYS 2010 EL CAMINO REAL APT 502 SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.355 5	Nonpriority creditor's name and mailing address Sameter Mohammed Adeys 2010 EL CAMINO REAL APT 502 SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.355 6	Nonpriority creditor's name and mailing address Sampson Morris Group 2500 Eldo Road Monroeville, PA 15146 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,800.00
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3.355 7	Nonpriority creditor's name and mailing address SAMUEL FITZGERA CARPENTER 7339 HOLLY ST OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.355 8	Nonpriority creditor's name and mailing address Samuel Fitzgerald Carpenter 7339 HOLLY ST OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.355 9	Nonpriority creditor's name and mailing address Samuel Francois 1532 N ONTARIO ST APT F BURBANK, CA 91505 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.356 0	Nonpriority creditor's name and mailing address SAMUEL SNYDER 351 EUCLID AVE CANONSBURG, PA 15317 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.356 1	Nonpriority creditor's name and mailing address SANDRA ARLENE GUERRERO 254 STAPLES AVE SAN FRANCISCO, CA 94112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.356 2	Nonpriority creditor's name and mailing address Sandra Arlene Guerrero 254 STAPLES AVE SAN FRANCISCO, CA 94112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.356 3	Nonpriority creditor's name and mailing address Sandra Barajas 1096 Fleming Ave San Jose, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.356 4	Nonpriority creditor's name and mailing address SANDRA DENISE COATNEY 1140 E 1ST APT 1 LONG BEACH, CA 90802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

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3.356 5	Nonpriority creditor's name and mailing address Sandra Denise Coatney 1140 E 1ST APT 1 LONG BEACH, CA 90802 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.356 6	Nonpriority creditor's name and mailing address Sandro Roberto de Oliveira 350 BUDD AVE APT L7 CAMPBELL, CA 95008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.356 7	Nonpriority creditor's name and mailing address SANIKA ABRAMSON 601 N WILMINGTON AVE COMPTON, CA 90220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.356 8	Nonpriority creditor's name and mailing address SANTANA YULIUS IRWANTO 5379 DEODARA GROVE CT SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.356 9	Nonpriority creditor's name and mailing address Santiago Aguilar 943 Lundy Road San Jose, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.357 0	Nonpriority creditor's name and mailing address Santos A. Orellana Salinas 7811 GARFIELD AVE OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

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Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.357 1</div>	Nonpriority creditor's name and mailing address SAPANPREET SAINI 3031 MOON STAR CT SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.357 2</div>	Nonpriority creditor's name and mailing address Sarah Yvonne Dunbar 1117 COLORADO AVE PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.357 3</div>	Nonpriority creditor's name and mailing address Sarun Kheav 2337 BARTLETT ST OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.357 4</div>	Nonpriority creditor's name and mailing address Sasha Marita Edwards 1437 ARLINGTON RD LIVERMORE, CA 94551 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.357 5</div>	Nonpriority creditor's name and mailing address Saturnino Gonzale 2055 range ave apt 212 Santa Rosa, CA 95401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.357 6</div>	Nonpriority creditor's name and mailing address SAU HO CHAN 34776 PLATT RIVER PL FREMONT, CA 94555 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.357 7</div>	Nonpriority creditor's name and mailing address Sau Ho Chan 34776 PLATT RIVER PL FREMONT, CA 94555 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.357 8</div>	Nonpriority creditor's name and mailing address Saul Andrade Estrada 1404A OXFORD ST APT 1 REDWOOD CITY, CA 94061 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.357 9</div>	Nonpriority creditor's name and mailing address Saul Carrillo 1401 CAROB WAY MONTEBELLO, CA 90640 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.358 0</div>	Nonpriority creditor's name and mailing address SAUL FRANCISCO OSORIO 637 ELKINS ROAD LOS ANGELES, CA 90049 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.358 1</div>	Nonpriority creditor's name and mailing address Saul Francisco Osorio 637 ELKINS ROAD LOS ANGELES, CA 90049 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.358 2</div>	Nonpriority creditor's name and mailing address Scanlan Kemper Bard Co 810 NW Marshall Street Suite 300 Portland, OR 97209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Name	Case number (if known)	17-52865
3.358 3	Nonpriority creditor's name and mailing address Scheherazade A Wittmanalang 142 N Milpitas Blvd 185 Milpitas, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.358 4	Nonpriority creditor's name and mailing address Scopelitis Garvin Light Hanson 10 West Market Street Suite 1400 Indianapolis, IN 46204 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$42,125.53
3.358 5	Nonpriority creditor's name and mailing address Scott Brasil 3375 MT VISTA DR SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.358 6	Nonpriority creditor's name and mailing address Scott Curtis Forgaard 109 E SANTA CLARA ST APT 159 SAN JOSE, CA 95113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.358 7	Nonpriority creditor's name and mailing address SCOTT THOMAS BROWN 13801 YERBA SANTA CT SARATOGA, CA 95070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.358 8	Nonpriority creditor's name and mailing address Scott Thomas Brown 13801 YERBA SANTA CT SARATOGA, CA 95070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

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Name

3.358 9	Nonpriority creditor's name and mailing address SEAN ALAN LARKE 2428 POPLAR DR SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.359 0	Nonpriority creditor's name and mailing address Sean Alan Larke 2428 POPLAR DR SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.359 1	Nonpriority creditor's name and mailing address SEAN ALGA FORREST 1236 PEACH COURT SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.359 2	Nonpriority creditor's name and mailing address Sean Alga Forrest 1236 PEACH COURT SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.359 3	Nonpriority creditor's name and mailing address SEAN ANTHONY SMITH 257 SULLIVAN WAY HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.359 4	Nonpriority creditor's name and mailing address Sean Anthony Smith 257 SULLIVAN WAY HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.359 5	Nonpriority creditor's name and mailing address Sean Anthony Taber 59 CYMBIDIUM CIRCLE SOUTH SAN FRANCISCO, CA 94080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.359 6	Nonpriority creditor's name and mailing address SEAN ANTHONY WILSON 1192 E 46 STREET BROOKLYN, NY 11234 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.359 7	Nonpriority creditor's name and mailing address SEAN CADORE 1279 EAST 103RD ST BROOKLYN, NY 11236 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.359 8	Nonpriority creditor's name and mailing address Sean Christopher Hernandez 1061 SCHWERIN ST DALY CITY, CA 94014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.359 9	Nonpriority creditor's name and mailing address Sean Donough Gil 344 WEST CT SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.360 0	Nonpriority creditor's name and mailing address SEAN DRAKE 3183 GUS ROBINSON RD POWDER SPRINGS, GA 30127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor A-1 Express Delivery Service, Inc.		Case number (if known) 17-52865
<small>Name</small>		
<div>3.360 1</div>	Nonpriority creditor's name and mailing address SEAN EDWARD ALBRECHT 2631 ESTELLA DR SANTA CLARA, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.360 2</div>	Nonpriority creditor's name and mailing address Sean Edward Albrecht 2631 ESTELLA DR SANTA CLARA, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.360 3</div>	Nonpriority creditor's name and mailing address SEAN GAUVIN MARSHALL 4271 N 1ST ST APT 27 SAN JOSE, CA 95134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.360 4</div>	Nonpriority creditor's name and mailing address Sean Gauvin Marshall 4271 N 1ST ST APT 27 SAN JOSE, CA 95134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.360 5</div>	Nonpriority creditor's name and mailing address SEAN GUNYONG YI 6400 CHRISTIE AVE #4419 EMERYVILLE, CA 94608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.360 6</div>	Nonpriority creditor's name and mailing address Sean Gunyong Yi 6400 CHRISTIE AVE #4419 EMERYVILLE, CA 94608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.360 7</div>	Nonpriority creditor's name and mailing address Sean Hunter Crane 429 Irving Ave. San Jose, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.360 8</div>	Nonpriority creditor's name and mailing address Sean Igor Pollock 38 N ALMADEN BLVD APT 823 SAN JOSE, CA 95110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.360 9</div>	Nonpriority creditor's name and mailing address Sean Ireland Hester 902 WIND DRIFT DRIVE CARLSBAD, CA 92011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.361 0</div>	Nonpriority creditor's name and mailing address SEAN KELLY 204 ELTON AVENUE PITTSBURGH, PA 15227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.361 1</div>	Nonpriority creditor's name and mailing address Sean Michael McAllister 61 S 13TH ST SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.361 2</div>	Nonpriority creditor's name and mailing address SEAN MOSS 100 CATON AVENUE APT 3C BROOKLYN, NY 11218 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.361 3	Nonpriority creditor's name and mailing address Sean Ocasey Moore 351 E 55TH ST LONG BEACH, CA 90805 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.361 4	Nonpriority creditor's name and mailing address Sean Patrick Finneran 1959 QUESADA AVE San Francisco, CA 94124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.361 5	Nonpriority creditor's name and mailing address Sean Thomas Briscoe 646 ARBUTUS AVE APT 4 SUNNYVALE, CA 94068 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.361 6	Nonpriority creditor's name and mailing address Sebastian David Bloom 1797 SHATTUCK AVE APT 308 BERKELEY, CA 94709 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.361 7	Nonpriority creditor's name and mailing address Segundo Gilmer Chavarry 126 MARTELLA ST APT A SALINAS, CA 93901 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.361 8	Nonpriority creditor's name and mailing address SELEMON HAILE 3011 S WILLOW ST SEATTLE, WA 98108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.361 9	Nonpriority creditor's name and mailing address Selina Isabel Martinez 899 N KING RD APT 1306 SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.362 0	Nonpriority creditor's name and mailing address SEQUOYAH D THOMAS 1042 75TH AVE APT 3 OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.362 1	Nonpriority creditor's name and mailing address Sequoyah D Thomas 1042 75TH AVE APT 3 OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.362 2	Nonpriority creditor's name and mailing address SERGIO A DELGADILLO WHEELLOCK 513 ELM CT SOUTH SAN FRANCISCO, CA 94080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.362 3	Nonpriority creditor's name and mailing address SERGIO FLORES 41-12 BENHAM ST APT 1FL ELMHURST, NY 11373 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.362 4	Nonpriority creditor's name and mailing address Seyedhamed Mirnezami 1225 SARATOGA AVE APT 308A SAN JOSE, CA 95129 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.362 5	Nonpriority creditor's name and mailing address SHAAFI SAYIDI 7552 245TH AVE SW 2 SEATTLE, WA 98106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.362 6	Nonpriority creditor's name and mailing address SHAEQUANDA TYKE KERMAN 4600 DUKE ST APT 516 ALEXANDRIA, VA 22309 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.362 7	Nonpriority creditor's name and mailing address SHAHEED MUHAMMAD 14323 SOUTH CORLETT AVENUE COMPTON, CA 90220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.362 8	Nonpriority creditor's name and mailing address Shaheed Muhammad 14323 SOUTH CORLETT AVENUE COMPTON, CA 90220 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.362 9	Nonpriority creditor's name and mailing address Shahryar Ghaemi Moghaddam 1586 PACIFIC AVE APT B SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.363 0	Nonpriority creditor's name and mailing address SHAHZEB JUNEJO 15517 CORLISS AVE N SHORELINE, WA 98133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.363 1	Nonpriority creditor's name and mailing address Shaina Celine Nursey-Ford 3276 DELAWARE ST OAKLAND, CA 94602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.363 2	Nonpriority creditor's name and mailing address SHAKIL AHMED KHAN 4517 CARLYLE CT APT 4309 SANTA CLARA, CA 95054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.363 3	Nonpriority creditor's name and mailing address Shakil Ahmed Khan 4517 CARLYLE CT APT 4309 SANTA CLARA, CA 95054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.363 4	Nonpriority creditor's name and mailing address SHALANDRA NICOL COTTON 624 E LEWELLING BLVD HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.363 5	Nonpriority creditor's name and mailing address Shalandra Nicole Cotton 624 E LEWELLING BLVD HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.363 6	Nonpriority creditor's name and mailing address SHAMBAR BAHADUR THAPA 1235 AYALA DR APT 35 SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

3.363
7 Nonpriority creditor's name and mailing address **Shambar Bahadur Thapa**
1235 AYALA DR APT 35
SUNNYVALE, CA 94086
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$0.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.363
8 Nonpriority creditor's name and mailing address **SHAMIKA LASHAWN GREEN**
2604 SHORT ST
OAKLAND, CA 94619
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$0.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

3.363
9 Nonpriority creditor's name and mailing address **Shamrock Delivery Inc**
7302 S Alton Way
Unit 4-F
Centennial, CO 80112
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$10,173.39

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: ____

Is the claim subject to offset? ☒ No ☐ Yes

3.364
0 Nonpriority creditor's name and mailing address **Shaneice Chante Johnson**
1630 PENNSYLVANIA AVE
RICHMOND, CA 94801
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$0.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.364
1 Nonpriority creditor's name and mailing address **Shanna Rae De Los Reyes**
960 16TH ST APT 1
SANTA MONICA, CA 90403
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$0.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.364
2 Nonpriority creditor's name and mailing address **Shannon Arishma Singh**
2011 ROOSEVELT AVE
REDWOOD CITY, CA 94061
Date(s) debt was incurred ____
Last 4 digits of account number ____

As of the petition filing date, the claim is: *Check all that apply.*

\$0.00

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
<hr/>			
3.364 3	Nonpriority creditor's name and mailing address SHANNON COLEASE THOMPSON 601 JEAN ST APT 102 OAKLAND, CA 94610 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.364 4	Nonpriority creditor's name and mailing address Shannon Colease Thompson 601 JEAN ST APT 102 OAKLAND, CA 94610 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.364 5	Nonpriority creditor's name and mailing address SHANNON MARIE KIRKPATRICK 29839 CLEARBROOK CIRCLE APT 60 HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.364 6	Nonpriority creditor's name and mailing address Shannon Marie Kirkpatrick 29839 CLEARBROOK CIRCLE APT 60 HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.364 7	Nonpriority creditor's name and mailing address SHANTA BELT PO BOX 1259 HAWTHORNE, CA 90251 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.364 8	Nonpriority creditor's name and mailing address Shanta Belt PO BOX 1259 HAWTHORNE, CA 90251 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			

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3.364 9	Nonpriority creditor's name and mailing address SHANTA D SALLEY 2979 8TH AVE NEW YORK, NY 10039 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.365 0	Nonpriority creditor's name and mailing address SHANTE DENISE HUDSON 452 3RD ST RICHMOND, CA 94801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.365 1	Nonpriority creditor's name and mailing address Shante Denise Hudson 452 3RD ST RICHMOND, CA 94801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.365 2	Nonpriority creditor's name and mailing address Shantel Aleza Williams 622 LION WAY APT 104 OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.365 3	Nonpriority creditor's name and mailing address SHAQUANA JENKINS 237 WEST 107TH STREET NEW YORK, NY 10025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.365 4	Nonpriority creditor's name and mailing address Sharai Ashley Sapp 5427 SUNSTAR COMMON FREMONT, CA 94555 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

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3.365 5	Nonpriority creditor's name and mailing address Sharda D Johnson 1235 94TH AVE APT 2 OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.365 6	Nonpriority creditor's name and mailing address SHARHONDA RENA POLK 1167 77TH AVE OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.365 7	Nonpriority creditor's name and mailing address Sharhonda Rena Polk 1167 77TH AVE OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.365 8	Nonpriority creditor's name and mailing address SHARICE CARR 1045 THROG'S NECK EXPRESSWAY BRONX, NY 10465 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.365 9	Nonpriority creditor's name and mailing address SHARICE SAMATIA WOLRIDGE 1631 SUNNYDALE AVE SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.366 0	Nonpriority creditor's name and mailing address Sharice Samatia Wolridge 1631 SUNNYDALE AVE SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

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3.366 1	Nonpriority creditor's name and mailing address Sharllyne Michelle Cruz 350 22ND AVE APT 3 SAN FRANCISCO, CA 94121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.366 2	Nonpriority creditor's name and mailing address SHARMAKE JAMA 3039 154TH STREET SEATAC, WA 98188, WA 98188 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.366 3	Nonpriority creditor's name and mailing address SHARONNA NAOMI MORRIS 4350 DE REIMER AVE BRONX, NY 10466 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.366 4	Nonpriority creditor's name and mailing address Sharrie Michelle Lane 2518 35TH AVE #36 OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.366 5	Nonpriority creditor's name and mailing address SHATERRA DEDRA GRANT 3272 SWEET WATER SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.366 6	Nonpriority creditor's name and mailing address Shatterra Dedra Grant 3272 SWEET WATER SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.366 7</div>	Nonpriority creditor's name and mailing address Shaun Edwin London 36 S 13TH ST APT J SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.366 8</div>	Nonpriority creditor's name and mailing address Shaun Lanier Knight 214 W CENTURY BLVD APT 214 LOS ANGELES, CA 90003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.366 9</div>	Nonpriority creditor's name and mailing address Shaun Thomas Daley 1033 N BROADWAY APT # D LOS ANGELES, CA 90012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.367 0</div>	Nonpriority creditor's name and mailing address Shaundeeep Singh Manak 2975 STALLION WAY SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.367 1</div>	Nonpriority creditor's name and mailing address Shawn Beaver 135 BRENTON COURT #B MOUNTAIN VIEW, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.367 2</div>	Nonpriority creditor's name and mailing address Shawn Cornwell 4197 GEORGE AVE #4 SAN MATEO, CA 94403 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.367 3	Nonpriority creditor's name and mailing address SHAWN DOUGHERTY 723 DELAWARE AVE GLASSPORT, PA 15045 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.367 4	Nonpriority creditor's name and mailing address Shawn Jones 51W 49TH ST APT 202 LONG BEACH, CA 90805 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.367 5	Nonpriority creditor's name and mailing address SHAWN MICHAEL G OBINA 1992 MARCROSS DRIVE SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.367 6	Nonpriority creditor's name and mailing address Shawn Michael Garcia Obina 1992 MARCROSS DRIVE SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.367 7	Nonpriority creditor's name and mailing address SHAWN MOORE 2602 S 38TH STREET APT 357 TACOMA, WA 98409 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.367 8	Nonpriority creditor's name and mailing address Shawn Nguyen 6934 ROCKTON AVE SAN JOSE, CA 95119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.367 9	Nonpriority creditor's name and mailing address Shawn Stingley 2120 VELERGA DRIVE UNIT 1 BELMONT, CA 94002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.368 0	Nonpriority creditor's name and mailing address SHAWN VU TRAN 1150 MCLAUGHLIN AVE APT 262 SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.368 1	Nonpriority creditor's name and mailing address Shawn Vu Tran 1150 MCLAUGHLIN AVE APT 262 SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.368 2	Nonpriority creditor's name and mailing address Shawna Alyson Mauldin 509 KIELY BLVD UNIT 4 SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.368 3	Nonpriority creditor's name and mailing address Shawntaja Atheeria Jordan 2250 Menalto ave E Palo Alto, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.368 4	Nonpriority creditor's name and mailing address Shayna K Landaverde 48 LESTER AVE APT 5 SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.368 5	Nonpriority creditor's name and mailing address SHEENA RAQUELE ALBURY 37938 ABRAHAM ST FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.368 6	Nonpriority creditor's name and mailing address Sheena Raquele Albury 37938 ABRAHAM ST FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.368 7	Nonpriority creditor's name and mailing address Sheila Amigable Gapasin 67 NORTH JACKSON AVENUE APT E8 SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.368 8	Nonpriority creditor's name and mailing address Shelton Ray Inabinet 26090 SANDALWOOD ST NEWARK, CA 94560 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.368 9	Nonpriority creditor's name and mailing address SHEMELSE AKILILU 77 S WASHINGTON ST SEATTLE, WA 98104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.369 0	Nonpriority creditor's name and mailing address Sheng Zhong 875 CINNABAR ST APT 1322 SAN JOSE, CA 95126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

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Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.369 1</div>	Nonpriority creditor's name and mailing address SHERRY LYNN THANARS 4877 HARTNETT AVE RICHMOND, CA 94804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.369 2</div>	Nonpriority creditor's name and mailing address Sherry Lynn Thanars 4877 HARTNETT AVE RICHMOND, CA 94804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.369 3</div>	Nonpriority creditor's name and mailing address Sherwin Bautista Asiatico 5817 GARDEN VIEW WAY SALIDA, CA 95368 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.369 4</div>	Nonpriority creditor's name and mailing address SHICEAU LE ZAID 1271 WASHINGTON AVE APT 279 SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.369 5</div>	Nonpriority creditor's name and mailing address Shiceau Le Zaid 1271 WASHINGTON AVE APT 279 SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.369 6</div>	Nonpriority creditor's name and mailing address SHIMAR HIGGINBOTHAM 7317 HERMITAGE STREET PITTSBURGH, PA 15208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**
Name

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3.369 7	Nonpriority creditor's name and mailing address Shimon Miyagi 255 EAST ST APT #8 MOUNTAIN VIEW, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.369 8	Nonpriority creditor's name and mailing address SHIR MOHAMMAD HAIDARI 3206 LOMA VERDE DR APT C7 SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.369 9	Nonpriority creditor's name and mailing address Shir Mohammad Haidari SHERHAIDERY@YAHOO.COM SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.370 0	Nonpriority creditor's name and mailing address SHIRLEY SAILAI WANG 10481 N STELLING RD CUPERTINO, CA 95014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.370 1	Nonpriority creditor's name and mailing address Shirley Sailai Wang 10481 N STELLING RD CUPERTINO, CA 95014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.370 2	Nonpriority creditor's name and mailing address Shoeb Qadir Kazi 810 JAVA AVE APT 4 INGLEWOOD, CA 90301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.370 3	Nonpriority creditor's name and mailing address Si Nguyen 6130 MONTEREY ROAD # 198 SAN JOSE, CA 95138 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.370 4	Nonpriority creditor's name and mailing address Si Van Pham 2591 GLEN ALMA WAY SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.370 5	Nonpriority creditor's name and mailing address Sidath Vengadasalam Sithambaram 40 ALICE ST ARCADIA, CA 91006 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.370 6	Nonpriority creditor's name and mailing address SIDNEY RENE HERRERA 212 N CLAREMONT AVE SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.370 7	Nonpriority creditor's name and mailing address Sidney Rene Herrera 212 N CLAREMONT AVE SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.370 8	Nonpriority creditor's name and mailing address Sidy Diop 890 Crestview dr Millbrae, CA 94030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.370 9	Nonpriority creditor's name and mailing address Silver Pham 2906 AETNA WAY SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.371 0	Nonpriority creditor's name and mailing address Silver State Couriers PO Box 11795 Reno, NV 89510 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,393.00
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3.371 1	Nonpriority creditor's name and mailing address Silvia P Rodriguez Molina 830 SAN VERON AVE MOUNTAIN VIEW, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.371 2	Nonpriority creditor's name and mailing address Simon James Sandoval 703 N LA BRED AVE WEST COVINA, CA 91791 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.371 3	Nonpriority creditor's name and mailing address SIMON KEEGA MURIITHI 22706 PEAR ST HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.371 4	Nonpriority creditor's name and mailing address Simon Keega Muriithi 22706 PEAR ST HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.371 5	Nonpriority creditor's name and mailing address SIMON SANTOS CALAUNAN 3163 WHITELEAF CR SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.371 6	Nonpriority creditor's name and mailing address Simon Santos Calaunan 3163 WHITELEAF CR SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.371 7	Nonpriority creditor's name and mailing address SINGUE TOKICO ROPER 913 ROLLINS RD APT 3 BURLINGAME, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.371 8	Nonpriority creditor's name and mailing address Singue Tokico Roper 913 ROLLINS RD APT 3 BURLINGAME, CA 94010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.371 9	Nonpriority creditor's name and mailing address SIO KIFI DESHON PULU 1186 WOODBOROUGH PL SAN JOSE, CA 95126-9512 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.372 0	Nonpriority creditor's name and mailing address Sio Kifi Deshon Pulu 1186 WOODBOROUGH PL SAN JOSE, CA 95126 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.372 1	Nonpriority creditor's name and mailing address Sione Lavemai Lolohea 267 TERMINAL AVE MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.372 2	Nonpriority creditor's name and mailing address Siosiana Tonga 16018 VIA CONEJO SAN LORENZO, CA 94580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.372 3	Nonpriority creditor's name and mailing address Siosifa Malolo Jr 4616 WOLF WY ANTIOCH, CA 94531 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.372 4	Nonpriority creditor's name and mailing address SIREE AHSANTEE UPSHURPERRY 16077 ASHLAND AVE APT 284 SAN LORENZO, CA 94580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.372 5	Nonpriority creditor's name and mailing address Siree Ahsantee Upshurperry 16077 ASHLAND AVE APT 284 SAN LORENZO, CA 94580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.372 6	Nonpriority creditor's name and mailing address SISHAW FEYESA 3121 TELEGRAPH AVE APT#207 OAKLAND, CA 94609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.372 7</div> <p>Nonpriority creditor's name and mailing address Sishaw Feyesa 3121 TELEGRAPH AVE APT#207 OAKLAND, CA 94609 Date(s) debt was incurred ____ Last 4 digits of account number ____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Class List</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.372 8</div> <p>Nonpriority creditor's name and mailing address SKAI SPIVEY PECSON 3772 SAVANNAH RD FREMONT, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>6 mo term</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.372 9</div> <p>Nonpriority creditor's name and mailing address Skai Spivey Pecson 3772 SAVANNAH RD FREMONT, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Class List</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.373 0</div> <p>Nonpriority creditor's name and mailing address Smith Trinh 119 BIDDLEFORD CT SAN JOSE, CA 95139 Date(s) debt was incurred ____ Last 4 digits of account number ____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Class List</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.373 1</div> <p>Nonpriority creditor's name and mailing address SOA LOREI FEAGAI 3505 WATERSTONE COURT SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>6 mo term</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.373 2</div> <p>Nonpriority creditor's name and mailing address Soa Lorei Feagai 3505 WATERSTONE COURT SAN JOSE, CA 95127 Date(s) debt was incurred ____ Last 4 digits of account number ____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Class List</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
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Debtor	Name	Case number (if known)	17-52865
3.373 3	Nonpriority creditor's name and mailing address SOHEIL MAHANIAN 15020 SE 177TH PLACE RENTON, WA 98050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.373 4	Nonpriority creditor's name and mailing address SOLOMON BAYABEL 1404 NW RICHMOND BEACH RD 25 SHORELINE, WA 98177 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.373 5	Nonpriority creditor's name and mailing address SON TRUONG NGUYEN 705 BERKSHIRE PL MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.373 6	Nonpriority creditor's name and mailing address Son Truong Nguyen 705 BERKSHIRE PL MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.373 7	Nonpriority creditor's name and mailing address Sonam Dolma Sherpa 482 HAWTHORN AVE APT 2 SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.373 8	Nonpriority creditor's name and mailing address Sonic Courier PO Box 152105 Tampa, FL 33684-2105 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$603.84

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3.373 9	Nonpriority creditor's name and mailing address Sonny Ngeth 3583 GUMTREE DR SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.374 0	Nonpriority creditor's name and mailing address Sonya Leanna Lampkin 1815 74TH AVE APT B OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.374 1	Nonpriority creditor's name and mailing address SONYA SUGGS 444 SW 155TH ST E BURIEN, WA 98166 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.374 2	Nonpriority creditor's name and mailing address SONYA YATES 2129 RHINE ST PITTSBURGH, PA 15212-1521 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.374 3	Nonpriority creditor's name and mailing address SOPHIA CUEVAS KIERI 1957 CAPE HORN DR SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.374 4	Nonpriority creditor's name and mailing address Sophia Cuevas Kieri 1957 CAPE HORN DR SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.374 5	Nonpriority creditor's name and mailing address Sosefina Lyn Utumapu 480 Reindollar ave Marina, CA 93933 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.374 6	Nonpriority creditor's name and mailing address Sosefo Vanila 580 AHWANEE AVE SPC 100 SUNNYVALE, CA 94085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.374 7	Nonpriority creditor's name and mailing address Southern California Edison PO Box 600 Rosemead, CA 09177-1001 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$419.42
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3.374 8	Nonpriority creditor's name and mailing address SOVANNOROTH KAN 801 SPRING ST APT 2-1401 SEATTLE, WA 98104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.374 9	Nonpriority creditor's name and mailing address Specialty Express Couriers PO Box 2008 Leander, TX 78646 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$450.00
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3.375 0	Nonpriority creditor's name and mailing address Sprint Wireless PO Box 4181 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,582.49
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Debtor	Name	Case number (if known)	17-52865
3.375 1	Nonpriority creditor's name and mailing address Stacey Renee Glover 2905 Old Almaden Rd. San Jose, CA 95118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.375 2	Nonpriority creditor's name and mailing address Starla Pauline Settergren 828 LINDEN AVE SOUTH SAN FRANCISCO, CA 94080 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.375 3	Nonpriority creditor's name and mailing address STARLEANA Y HOLMES 1711 DAVIDSON AVE 6I BRONX, NY 10453, NY 10453 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.375 4	Nonpriority creditor's name and mailing address STARLYN SINGLETON 14525 VOSE ST APT 1 VAN NUYS, CA 91405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.375 5	Nonpriority creditor's name and mailing address Starlyn Singleton 14525 VOSE ST APT 1 VAN NUYS, CA 91405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.375 6	Nonpriority creditor's name and mailing address STAT Express PO Box 7528 Macon, GA 31209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$891.10

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3.375 7	Nonpriority creditor's name and mailing address State of CA Franchise Tax Board PO BOX 942857 Sacramento, CA 94257-4040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$910.59
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3.375 8	Nonpriority creditor's name and mailing address Steffanie Anne Morales Holmes 2492 KAREN DR APT 3 SAN FRANCISCO, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.375 9	Nonpriority creditor's name and mailing address STEPHANIE BLUNT 124 FOSTER AVE OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.376 0	Nonpriority creditor's name and mailing address STEPHANIE CALDWELL 2254 BOULDER SPRINGS DRIVE ELLENWOOD, GA 30294 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.376 1	Nonpriority creditor's name and mailing address Stephanie Marie Blunt 124 FOSTER AVE OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.376 2	Nonpriority creditor's name and mailing address STEPHANIE MARIE MASINA 826 SAN VERON AVE MOUNTAIN VIEW, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.376 3	Nonpriority creditor's name and mailing address Stephanie Marie Masina 826 SAN VERON AVE MOUNTAIN VIEW, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.376 4	Nonpriority creditor's name and mailing address Stephanie Marie Randall 12332 E 223RD ST HAWIIAN GDNS HAWAIIAN GARDENS, CA 90716 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.376 5	Nonpriority creditor's name and mailing address STEPHANIE PERRY 2670 ILLINOIS ST EAST PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.376 6	Nonpriority creditor's name and mailing address Stephanie Perry 2670 ILLINOIS ST EAST PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.376 7	Nonpriority creditor's name and mailing address Stephanie Smith 2726 GLEN EVANS CT SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.376 8	Nonpriority creditor's name and mailing address STEPHEN GREGORY POLUMBUS 986 MALOTT DR SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.376 9	Nonpriority creditor's name and mailing address Stephen Gregory Polumbus 986 MALOTT DR SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.377 0	Nonpriority creditor's name and mailing address Stephen Guo 1339 FITZGERALD AVE SAN FRANCISCO, CA 94124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.377 1	Nonpriority creditor's name and mailing address STEPHEN PAUL HANCOCK 22815 VERMONT ST APT 405 HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.377 2	Nonpriority creditor's name and mailing address Stephen Paul Hancock 22815 VERMONT ST APT 405 HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.377 3	Nonpriority creditor's name and mailing address Stephen Robinson 501 SOUTH SLOAN AVE COMPTON, CA 90221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.377 4	Nonpriority creditor's name and mailing address Steve Roque Bialoglovski 10466 MILLER AVE CUPERTINO, CA 95014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.377 5	Nonpriority creditor's name and mailing address STEVEN ARTEMIO CARBAJAL 1109 IDLEWOOD DR SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.377 6	Nonpriority creditor's name and mailing address Steven Artemio Carbajal 1109 IDLEWOOD DR SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.377 7	Nonpriority creditor's name and mailing address Steven Charles Farkas 948 CRESTVIEW DR SAN CARLOS, CA 94070 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.377 8	Nonpriority creditor's name and mailing address Steven Craig Thomas 5901 Old School rd. Pleasanton, CA 94588 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.377 9	Nonpriority creditor's name and mailing address STEVEN DUANE SLUSHER 722 GETTYSBURG WAY GILROY, CA 95020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.378 0	Nonpriority creditor's name and mailing address Steven Duane Slusher 722 GETTYSBURG WAY GILROY, CA 95020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

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3.378 1	Nonpriority creditor's name and mailing address Steven Florentin Ortega 4727 W 147TH ST APT 224 LAWNDALE, CA 90260 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.378 2	Nonpriority creditor's name and mailing address Steven Gamaliel Hernandez Rojas 137 SAN MARCO AVE APT 6 SAN BRUNO, CA 94066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.378 3	Nonpriority creditor's name and mailing address STEVEN GOODWIN 27606 PACIFIC HWY S APT G206 FEDERAL WAY, WA 98003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.378 4	Nonpriority creditor's name and mailing address STEVEN ISHOEEBAYAT 5719 PLAYA DEL RAY APT 1 SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.378 5	Nonpriority creditor's name and mailing address Steven IShoeebayat 5719 PLAYA DEL RAY APT 1 SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.378 6	Nonpriority creditor's name and mailing address Steven James Farrell 1505A E SAN MARTIN AVE SAN MARTIN, CA 95046 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.378 7	Nonpriority creditor's name and mailing address STEVEN LEWIS 25408 17 PL SW DES MOINES, WA 98198 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.378 8	Nonpriority creditor's name and mailing address Steven William Iovino 861 Wainwright Dr San Jose, CA 95128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.378 9	Nonpriority creditor's name and mailing address Stevie Ray Miramontes 1518 RAMSGATE WAY SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.379 0	Nonpriority creditor's name and mailing address Street Fleet PO Box 14947 Minneapolis, MN 55414 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,054.66
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3.379 1	Nonpriority creditor's name and mailing address STUART D LE 14968 DONALD AVE SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.379 2	Nonpriority creditor's name and mailing address Stuart D Le 14968 DONALD AVE SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

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Name

3.379 3	Nonpriority creditor's name and mailing address SUFİYAN İBRAHİM 7909 RAINIER AVE A SEATTLE, WA 98118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	<u>\$0.00</u>
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Is the claim subject to offset? ☒ No ☐ Yes

3.379 4	Nonpriority creditor's name and mailing address SUNDIP JAI SINGH 9933 WINDSOR WAY SAN RAMON, CA 94583 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	<u>\$0.00</u>
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Is the claim subject to offset? ☒ No ☐ Yes

3.379 5	Nonpriority creditor's name and mailing address Sundip Jai Singh 9933 WINDSOR WAY SAN RAMON, CA 94583 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	<u>\$0.00</u>
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Is the claim subject to offset? ☒ No ☐ Yes

3.379 6	Nonpriority creditor's name and mailing address Sung Han 59 MONTE VERANO CT SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	<u>\$0.00</u>
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Is the claim subject to offset? ☒ No ☐ Yes

3.379 7	Nonpriority creditor's name and mailing address SUNG YU 1062 ARBOR RD MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	<u>\$0.00</u>
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Is the claim subject to offset? ☒ No ☐ Yes

3.379 8	Nonpriority creditor's name and mailing address Sunu C Mathew 4200 BAY ST APT 265 FREMONT, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	<u>\$0.00</u>
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor	Name	Case number (if known)	17-52865
3.379 9	Nonpriority creditor's name and mailing address Surinder Singh Hundal 1565 Main Street #5 Santa Clara, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.380 0	Nonpriority creditor's name and mailing address SUSAN VILAIPHONE 424 6TH ST C RICHMOND, CA 94801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.380 1	Nonpriority creditor's name and mailing address Susan Vilaiphone 424 6TH ST C RICHMOND, CA 94801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.380 2	Nonpriority creditor's name and mailing address SUSANA MEDRANO 917 W HYDE PARK BLVD INGLEWOOD, CA 90302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.380 3	Nonpriority creditor's name and mailing address Susana Medrano 917 W HYDE PARK BLVD INGLEWOOD, CA 90302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.380 4	Nonpriority creditor's name and mailing address SVEN PETER WALKER 185 UNION AVE #59 CAMPBELL, CA 95008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	A-1 Express Delivery Service, Inc.	Case number (if known)	17-52865
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3.380 5	Nonpriority creditor's name and mailing address Sven Peter Walker 185 UNION AVE #59 CAMPBELL, CA 95008 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.380 6	Nonpriority creditor's name and mailing address Syed Abdul Lateef 1313 LEWIS ST APT 2 SANTA CLARA, CA 95050 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.380 7	Nonpriority creditor's name and mailing address SYED HUSSAIN 107-28 157TH STREET APT# 3FL JAMAICA, NY 11433 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.380 8	Nonpriority creditor's name and mailing address Syed Salman Ali 43555GRIMMER BLVD APT D333 FREMONT, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.380 9	Nonpriority creditor's name and mailing address Sylvia Contreras 847 TERESI CT SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.381 0	Nonpriority creditor's name and mailing address Tabitha Lynette Calloway 1053 43RD ST APT A EMERYVILLE, CA 94608 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
<hr/>			
3.381 1	Nonpriority creditor's name and mailing address Tae Ho Yoon 338 STAPLES AVE SAN FRANCISCO, CA 94112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.381 2	Nonpriority creditor's name and mailing address TAJ MAURICE VICKERS 1237 MILL WAY STOCKTON, CA 95209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.381 3	Nonpriority creditor's name and mailing address Taj Maurice Vickers 1237 MILL WAY STOCKTON, CA 95209 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.381 4	Nonpriority creditor's name and mailing address TAJI MIKAL NAJI MEKKI 200 MONTECITO AVE APT 204 OAKLAND, CA 94552 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.381 5	Nonpriority creditor's name and mailing address Taji Mikal Naji Mekki 200 MONTECITO AVE APT 204 OAKLAND, CA 94552 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.381 6	Nonpriority creditor's name and mailing address TALIA NICOLE HUDGENS 1001 MADERA AVE APT 4 MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

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3.381 7	Nonpriority creditor's name and mailing address Talia Nicole Hudgens 1001 MADERA AVE APT 4 MENLO PARK, CA 94025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.381 8	Nonpriority creditor's name and mailing address Tamara Denae Brown 457 NEPTUNE GARDENS APT B ALAMEDA, CA 94501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.381 9	Nonpriority creditor's name and mailing address Tameishia Leggett 6400 WEST BLVD UNIT 107 LOS ANGELES, CA 90043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.382 0	Nonpriority creditor's name and mailing address Tamika Richardson 2000 E 30TH APT 10 OAKLAND, CA 94606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.382 1	Nonpriority creditor's name and mailing address Tamikko Dawn Bennett 2008 MT HAMILTON DR ANTIOCH, CA 94531 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.382 2	Nonpriority creditor's name and mailing address Tammeem Gawhari 3205 FIJI LANE ALAMEDA, CA 94502 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc.	Case number (if known)	17-52865
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3.382 3	Nonpriority creditor's name and mailing address Tangelia Myles 1749 OBISPO AVE #1 LONG BEACH, CA 90804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.382 4	Nonpriority creditor's name and mailing address TANISHA RENE GREER 1940 E 29TH ST APT 8 OAKLAND, CA 94606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.382 5	Nonpriority creditor's name and mailing address Tanisha Rene Greer 1940 E 29TH ST APT 8 OAKLAND, CA 94606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.382 6	Nonpriority creditor's name and mailing address TANISHA YVONNE CARTHEN 1440 TREAT WAY SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.382 7	Nonpriority creditor's name and mailing address Tanisha Yvonne Carthen 1440 TREAT WAY SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.382 8	Nonpriority creditor's name and mailing address TANNER EDWARD FELDMAN 477 REINA DEL MAR AVE PACIFICA, CA 94044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.382 9	Nonpriority creditor's name and mailing address Tanner Edward Feldman 477 REINA DEL MAR AVE PACIFICA, CA 94044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.383 0	Nonpriority creditor's name and mailing address TANYA JEAN SPARKS 907 COYOTE COURT ANTIOCH, CA 94509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.383 1	Nonpriority creditor's name and mailing address Tanya Jean Sparks 907 COYOTE COURT ANTIOCH, CA 94509 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.383 2	Nonpriority creditor's name and mailing address TARA MARSHALL FERGUSON 7916 NEY AVE APT B OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.383 3	Nonpriority creditor's name and mailing address Tara Marshall Ferguson 7916 NEY AVE APT B OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.383 4	Nonpriority creditor's name and mailing address TARIN ESMAN 1915 ROBINWOOD ST NEW CASTLE, PA 16101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

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Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.383 5</div>	Nonpriority creditor's name and mailing address Tarryn Munz 3900 MOORPARK AVE 143 SAN JOSE, CA 95117 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.383 6</div>	Nonpriority creditor's name and mailing address Tasha Jenille Bruer PO BOX 341426 LOS ANGELES, CA 90034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.383 7</div>	Nonpriority creditor's name and mailing address TASHIQUA HOLIDAY 2388 CRESTON AVE 7C BRONX, NY 10468 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.383 8</div>	Nonpriority creditor's name and mailing address TATIANA JOHNSON 2909 9TH STREET APT 401 BERKELEY, CA 94710 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.383 9</div>	Nonpriority creditor's name and mailing address Tatiana Kristin Johnson 2909 9TH STREET APT 401 BERKELEY, CA 94710 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.384 0</div>	Nonpriority creditor's name and mailing address TATIANA LAITITI 2401 W JEFFERSON BLVD APT 401 LOS ANGELES, CA 90018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.384 1	Nonpriority creditor's name and mailing address Tatiana Laititi 2401 W JEFFERSON BLVD APT 401 LOS ANGELES, CA 90018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.384 2	Nonpriority creditor's name and mailing address TAURIAN TYRIQUE WARING 944 KELLY STREET APT#7 BRONX, NY 10459 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.384 3	Nonpriority creditor's name and mailing address Tauriona Bridget Hamilton 1220 KENTWOOD LN APT 810 SAN LEANDRO, CA 94578 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.384 4	Nonpriority creditor's name and mailing address Tawsif Ahmed 1444 NEWCOMB AVE SAN FRANCISCO, CA 94124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.384 5	Nonpriority creditor's name and mailing address Tayana Shawntee Mcleain 102 DAMSEN DR APT 102 SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.384 6	Nonpriority creditor's name and mailing address Taylor Kiyoshi Nakaki 11329 CHARNOCK RD LOS ANGELES, CA 90066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.384 7	Nonpriority creditor's name and mailing address Taylor Livingston Sharp 1001 Park Ave Long Beach, CA 90804 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.384 8	Nonpriority creditor's name and mailing address Taylor Mitchell 13810 SOUTH SAN PEDRO SOUTH LOS ANGELES, CA 90061 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.384 9	Nonpriority creditor's name and mailing address Taylor Mohogany Ardelia Gray 3 REUEL CT SAN FRANCISCO, CA 94124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.385 0	Nonpriority creditor's name and mailing address Ted Marcus Powell 7330 FULLBRIGHT AVE WINNETKA, CA 91306 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.385 1	Nonpriority creditor's name and mailing address Ted Thana Assavarat 4811 APPIAN WAY BLDG 1 APT 5 EL SOBRANTE, CA 94803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.385 2	Nonpriority creditor's name and mailing address Teddy Gonzales Wong 308 HIDDENLAKE DR SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.385 3</div>	Nonpriority creditor's name and mailing address TEDDY SHIFERAW 4801 S OTHELLO ST SEATTLE, WA 98118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.385 4</div>	Nonpriority creditor's name and mailing address TEKLIT MISGINA 5502 RAINIER AVE S SEATTLE, WA 98118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.385 5</div>	Nonpriority creditor's name and mailing address TelePacific Communication PO Box 509013 San Diego, CA 92150-9013 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,275.64</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.385 6</div>	Nonpriority creditor's name and mailing address TEONA LEROMA CASH 33 HAMILTON STREET BRADDOCK, PA 15104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.385 7</div>	Nonpriority creditor's name and mailing address Terence Raynard Clay Jr 3220 MEADOWS AVE APT R MERCED, CA 95348 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.385 8</div>	Nonpriority creditor's name and mailing address TERESA L STOBERT 209 MILLERSTOWN CULLMERVILLE TARENTUM, PA 15084 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
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3.385 9	Nonpriority creditor's name and mailing address Teresa Montanez 701 CURTNER AVENUE APT 392 SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.386 0	Nonpriority creditor's name and mailing address TERESA PINONEZ VAZQUEZ 5330 MONTEREY RD L-3 SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.386 1	Nonpriority creditor's name and mailing address Teresa Pinonez Vazquez 5330 MONTEREY RD L-3 SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.386 2	Nonpriority creditor's name and mailing address TERRA LATRICE MORRIS 1423 HUBBARD ST PITTSBURGH, PA 15212 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.386 3	Nonpriority creditor's name and mailing address TERRELL JONES 425 PROTECTORY PL PITTSBURGH, PA 15219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.386 4	Nonpriority creditor's name and mailing address Terrence Clarke Tugwell 3372 GEORGETOWN PL SANTA CLARA, CA 95051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.386 5	Nonpriority creditor's name and mailing address TERRENCE EDWARD REYNOLDS 1164 OCCONOR ST EAST PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.386 6	Nonpriority creditor's name and mailing address Terrence Edward Reynolds 1164 OCCONOR ST EAST PALO ALTO, CA 94303 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.386 7	Nonpriority creditor's name and mailing address TERRENCE JOSEPH BATES 1668 HUSTED AVE SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.386 8	Nonpriority creditor's name and mailing address Terrence Joseph Bates 1668 HUSTED AVE SAN JOSE, CA 95125 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.386 9	Nonpriority creditor's name and mailing address Terrence Roberts 8956 DALTON AVE LOS ANGELES, CA, CA 90047 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.387 0	Nonpriority creditor's name and mailing address Terri Lynn Maldonado 582 PARADISE BLVD HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.387 1	Nonpriority creditor's name and mailing address TERRI LYNNE TAYLOR 442 WILCOX ST CARNEGIE, PA 15106 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.387 2	Nonpriority creditor's name and mailing address TERRIELL GLENN 1237 SUCCESS ST PITTSBURGH, PA 15212-1521 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.387 3	Nonpriority creditor's name and mailing address Terry Simpson 463 WOOSTER AVE APT D18 SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.387 4	Nonpriority creditor's name and mailing address TESFALDET TEKLE 6521 208TH ST SW APT M14 LYNNWOOD, WA 98036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.387 5	Nonpriority creditor's name and mailing address THANG VAN LAI 1140 GIRARD ST SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.387 6	Nonpriority creditor's name and mailing address Thang Van Lai 1140 GIRARD ST SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.387 7	Nonpriority creditor's name and mailing address Thanh Hoc Thai 925 AMADOR AVE SUNNYVALE, CA 94085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.387 8	Nonpriority creditor's name and mailing address Thanh Minh Luong 1297 FLICKINGER AVE SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.387 9	Nonpriority creditor's name and mailing address THANH TUAN PHAM 1567 SIERRAVILLE AVE SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.388 0	Nonpriority creditor's name and mailing address Thanh Tuan Pham 1567 SIERRAVILLE AVE SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.388 1	Nonpriority creditor's name and mailing address The Hanover Insurance Group PO Box 580045 Charlotte, NC 28258-0045 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$877.96
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3.388 2	Nonpriority creditor's name and mailing address THEODORE HARRIS 8010 BLAIRMILL WAY 313E SILVER SPRING, MD 20910 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.388 3</div>	Nonpriority creditor's name and mailing address THERESA GROUDAS 210 WEST 140TH ST NEW YORK, NY 10030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.388 4</div>	Nonpriority creditor's name and mailing address THERESA K FRANK 310 MARION AVE PITTSBURGH, PA 15221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.388 5</div>	Nonpriority creditor's name and mailing address THERESA MARIE MARTINEZ 1170 ELGIN STREET SAN LORENZO, CA 94580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.388 6</div>	Nonpriority creditor's name and mailing address Theresa Marie Martinez 1170 ELGIN STREET SAN LORENZO, CA 94580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.388 7</div>	Nonpriority creditor's name and mailing address Thiago Moncaio De Araujo Muniz 707 CONTINENTAL CIR APT 412 MOUNTAIN VIEW, CA 94040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.388 8</div>	Nonpriority creditor's name and mailing address THIEN NGUYEN HI LE 2558 S KING RD APT 268 SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.388 9	Nonpriority creditor's name and mailing address Thien Nguyen Hieu Le 2558 S KING RD APT 268 SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.389 0	Nonpriority creditor's name and mailing address Thien Van T Chau 2326 FAIRWAY DR SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.389 1	Nonpriority creditor's name and mailing address Thomas Birdwell 1236 PEACH CT SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.389 2	Nonpriority creditor's name and mailing address Thomas Davidson P O BOX 1235 ALVISO, CA 95002 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.389 3	Nonpriority creditor's name and mailing address Thomas Edward Behnke 800 N 8TH ST APT 111 SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.389 4	Nonpriority creditor's name and mailing address THOMAS EDWARD LAURANT JR 22820 126TH PLACE SE KENT, WA 98031 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.389 5	Nonpriority creditor's name and mailing address THOMAS EUGENE BARRETT 6451 MATTHEW CT SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.389 6	Nonpriority creditor's name and mailing address Thomas Eugene Barrett 6451 MATTHEW CT SAN JOSE, CA 95123 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.389 7	Nonpriority creditor's name and mailing address THOMAS GERARD TAYLOR 27230 SLEEPY HOLLOW AVE SOUTH APT 9 HAYWARD, CA 94545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.389 8	Nonpriority creditor's name and mailing address Thomas Gerard Taylor 27230 SLEEPY HOLLOW AVE SOUTH APT 9 HAYWARD, CA 94545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.389 9	Nonpriority creditor's name and mailing address THOMAS HAYES 530 SUMMERSET LANE SANDY SPRINGS, GA 30328 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.390 0	Nonpriority creditor's name and mailing address Thomas Rightly Perry 440 BIXBY DR MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.390 1	Nonpriority creditor's name and mailing address Thomas Rodolfo Spillman 2657 SCOTTSDALE DR SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.390 2	Nonpriority creditor's name and mailing address THOMAS WALTERS 230 GLADES RUN RD CARMICHAELS, PA 15320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.390 3	Nonpriority creditor's name and mailing address Thomas Xirakis Peterson 1254 DAILY DR SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.390 4	Nonpriority creditor's name and mailing address Thong Ngoc Nguyen 2084 S KING RD SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.390 5	Nonpriority creditor's name and mailing address Tiffany Dawn Kuhr 279 TWINLAKE DR SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.390 6	Nonpriority creditor's name and mailing address Tiffany Janay Allen 7124 ORRAL ST OAKLAND, CA 94621 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.390 7</div>	Nonpriority creditor's name and mailing address Tiffany Ngoc Le 2431 HARRINGTON AVE OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.390 8</div>	Nonpriority creditor's name and mailing address Tiffany Rose Quintana P O BOX 2581 SUNNYVALE, CA 94087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.390 9</div>	Nonpriority creditor's name and mailing address TIFFANY SMITH 1856 E 25TH ST D OAKLAND, CA 94606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.391 0</div>	Nonpriority creditor's name and mailing address Tiffany Smith 1856 E 25TH ST D OAKLAND, CA 94606 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.391 1</div>	Nonpriority creditor's name and mailing address Tilahun Teshome Defere 540 CALLAN AVE APT 208 SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.391 2</div>	Nonpriority creditor's name and mailing address Tim Mah 102 PAMELA CT DALY CITY, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

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3.391 3	Nonpriority creditor's name and mailing address Timar Juwan Hooker 430 SOUTH C STREET TRACY, CA 95376 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.391 4	Nonpriority creditor's name and mailing address Time Warner Cable PO Box 11820 Newark, NJ 07101-8120 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$145.85
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3.391 5	Nonpriority creditor's name and mailing address TimeCycle PO Box 250 South Hampton, PA 18966 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28.00
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3.391 6	Nonpriority creditor's name and mailing address TIMOTHY ALLAN GRAY 12820 SYCAMORE AVE SAN MARTIN, CA 95046 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.391 7	Nonpriority creditor's name and mailing address Timothy Allan Gray 12820 SYCAMORE AVE SAN MARTIN, CA 95046 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.391 8	Nonpriority creditor's name and mailing address TIMOTHY ARTHUR BRACAMONTE 843 IRIS AVE SUNNYVALE, CA 94086 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.391 9	<p>Nonpriority creditor's name and mailing address</p> <p>Timothy Arthur Bracamonte 843 IRIS AVE SUNNYVALE, CA 94086</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Class List</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00</p>
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3.392 0	<p>Nonpriority creditor's name and mailing address</p> <p>Timothy Garvey 115 VISTA DEL MONTE LOS GATOS, CA 95030</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Class List</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00</p>
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3.392 1	<p>Nonpriority creditor's name and mailing address</p> <p>TIMOTHY HINDLEY 1201 PRINCETON AVE NATRONA HTS, PA 15065</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>6 mo term</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00</p>
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3.392 2	<p>Nonpriority creditor's name and mailing address</p> <p>TIMOTHY LAMAR GORDON 105 N 1ST ST P O BOX 1572 SAN JOSE, CA 95109</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>6 mo term</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00</p>
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3.392 3	<p>Nonpriority creditor's name and mailing address</p> <p>Timothy Lamar Gordon 105 N 1ST ST P O BOX 1572 SAN JOSE, CA 95109</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Class List</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00</p>
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3.392 4	<p>Nonpriority creditor's name and mailing address</p> <p>TIMOTHY MATTHEW BONILLA 677 NORTH 14TH ST SAN JOSE, CA 95112</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>6 mo term</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$0.00</p>
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3.392 5	Nonpriority creditor's name and mailing address Timothy Matthew Bonilla 677 NORTH 14TH ST SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.392 6	Nonpriority creditor's name and mailing address Timothy Matthew Proctor 931 Amberstone Ln. San Ramon, CA 94582 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.392 7	Nonpriority creditor's name and mailing address TIMOTHY MICHAEL SUGDEN 317 BEECHVAKE CT SAN JOSE, CA 95119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.392 8	Nonpriority creditor's name and mailing address Timothy Michael Sugden 317 BEECHVAKE CT SAN JOSE, CA 95119 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.392 9	Nonpriority creditor's name and mailing address TIMOTHY N TOMASELLO 121 EL MOLINO PL SAN RAMON, CA 94583 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.393 0	Nonpriority creditor's name and mailing address Timothy Nicholas Tomasello 121 EL MOLINO PL SAN RAMON, CA 94583 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.393 1	Nonpriority creditor's name and mailing address TIMOTHY OFFORD-JACK 12808 60TH LN S A1 SEATTLE, WA 98178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.393 2	Nonpriority creditor's name and mailing address Timothy Perilla Quejong 109 NEWTON ST HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.393 3	Nonpriority creditor's name and mailing address Timothy Reed 6024 Hillside Dr. Felton, CA 95018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.393 4	Nonpriority creditor's name and mailing address Tingly Lam 2403 JACKSON AVE ROSEMEAD, CA 91770 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.393 5	Nonpriority creditor's name and mailing address Tinh Xuong Pham 661 BONITA AVE #20 SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.393 6	Nonpriority creditor's name and mailing address Tirsa Indira Mejia 3157 W 147TH ST GARDENA, CA 90249 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.393 7	Nonpriority creditor's name and mailing address Tn'T Messenger 5220 E Pima Street Tucson, AZ 85712 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$904.00
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3.393 8	Nonpriority creditor's name and mailing address TOAN PHUC NGUYEN 2151 OAKLAND ROAD SPC #600 SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.393 9	Nonpriority creditor's name and mailing address Toan Phuc Nguyen 2151 OAKLAND ROAD SPC #600 SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.394 0	Nonpriority creditor's name and mailing address Tobias Orlando Croffet 1428 PIEDMONT ROAD SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.394 1	Nonpriority creditor's name and mailing address Tod Kevin Nobriga 16026 VIA PRIMERO SAN LORENZO, CA 94580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Class List Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.394 2	Nonpriority creditor's name and mailing address TODD DYSON 21235 102ND AVE SE KENT, WA 98031 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: 6 mo term Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.394 3	Nonpriority creditor's name and mailing address TODD RAYMOND CRUSE 2906 GLENSIDE DR CONCORD, CA 94520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.394 4	Nonpriority creditor's name and mailing address Todd Raymond Cruse 2906 GLENSIDE DR CONCORD, CA 94520 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.394 5	Nonpriority creditor's name and mailing address Todd William Brown 963 SHORELINE DR SAN MATEO, CA 94404 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.394 6	Nonpriority creditor's name and mailing address TOHID SHAERI-SEYSAN 136900 46TH PL APT B BELLEVUE, WA 98007 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.394 7	Nonpriority creditor's name and mailing address Tom Odom 1586 FOUR OAKS CIRCLE SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.394 8	Nonpriority creditor's name and mailing address TOMESIA RENEE FONTENETTE 301 AVIAN DR A-11 VALLEJO, CA 94591 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.394 9	Nonpriority creditor's name and mailing address Tomesia Renee Fontenette 301 AVIAN DR A-11 VALLEJO, CA 94591 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.395 0	Nonpriority creditor's name and mailing address TONISHA BRIANNA HADNOT 365 98TH AVE OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.395 1	Nonpriority creditor's name and mailing address Tonisha Brianna Hadnot 365 98TH AVE OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.395 2	Nonpriority creditor's name and mailing address Tonisha Renay Harris 4012 CARIBBEAN COMMON FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.395 3	Nonpriority creditor's name and mailing address TONNICA RASHELL VALLERY 1754 B ST APT 14 HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.395 4	Nonpriority creditor's name and mailing address Tonnica Rashell Vallery 1754 B ST APT 14 HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

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Name

3.395 5	Nonpriority creditor's name and mailing address TONY FOSTER 2226 S 304TH ST FEDERAL WAY, WA 98003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.395 6	Nonpriority creditor's name and mailing address Tony Latroy Sawyer 8734 RAMONA ST BELLFLOWER, CA 90706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.395 7	Nonpriority creditor's name and mailing address Tony Quoc Phu PO BOX 612292 SAN JOSE, CA 95161 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.395 8	Nonpriority creditor's name and mailing address Tony Stewart Walls Jr 329 EL DORADO AVE HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.395 9	Nonpriority creditor's name and mailing address TONY TAN 1329 GOETTINGEN ST SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.396 0	Nonpriority creditor's name and mailing address Tony Tan 1329 GOETTINGEN ST SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.396 1</div>	Nonpriority creditor's name and mailing address TONY TSANG 2378 RIDGEGLEN WAY SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.396 2</div>	Nonpriority creditor's name and mailing address Tony Tsang 2378 RIDGEGLEN WAY SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.396 3</div>	Nonpriority creditor's name and mailing address Tracy Cooper 9963 ROMONA ST APT 20 BELLFLOWER, CA 90706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.396 4</div>	Nonpriority creditor's name and mailing address TRACY FARLEY 2723 RAINBOW RIDGE ROAD DECATUR, GA 30034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.396 5</div>	Nonpriority creditor's name and mailing address Tracy Szeto 2915 JO ANN DR SAN PABLO, CA 94806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.396 6</div>	Nonpriority creditor's name and mailing address Trai Lap Nguyen 317 EDUCATIONAL PARK DR SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.396 7</div>	Nonpriority creditor's name and mailing address TRAIJON DURON TELEBRICO 1549 W JEFFERSON BLVD LOS ANGELES, CA 90018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.396 8</div>	Nonpriority creditor's name and mailing address Traijon Duron Telebrico 1549 W JEFFERSON BLVD LOS ANGELES, CA 90018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.396 9</div>	Nonpriority creditor's name and mailing address Transportation Agent Grid PO Box 5045 Hayward, CA 94540 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____	\$328.70
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.397 0</div>	Nonpriority creditor's name and mailing address TRAVIS EVANS 1417 ELM ST PITTSBURGH, PA 15221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.397 1</div>	Nonpriority creditor's name and mailing address Travis Gary Bartlett 3550 SLOPEVIEW DR SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.397 2</div>	Nonpriority creditor's name and mailing address Travis Lamar Elliott 201 13TH STREET UNIT 29582 OAKLAND, CA 94604 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

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3.397 3	Nonpriority creditor's name and mailing address Treanna Vonseal Colter 2501 WEST VIEW STREET 307 LOS ANGELES, CA 90016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.397 4	Nonpriority creditor's name and mailing address Trebien Bellows 2404 7TH AVENUE LOS ANGELES, CA 90018 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.397 5	Nonpriority creditor's name and mailing address TRENT SHERMAN 6616 7TH AVENUE LOS ANGELES, CA 90043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.397 6	Nonpriority creditor's name and mailing address Trent Sherman 6616 7TH AVENUE LOS ANGELES, CA 90043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.397 7	Nonpriority creditor's name and mailing address TRENTON JAMES BLACKWELL 32725 GOSHEN ST UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.397 8	Nonpriority creditor's name and mailing address Trenton James Blackwell 32725 GOSHEN ST UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.397 9	Nonpriority creditor's name and mailing address Trevor Landon Lobert 3446 Gradell Place San Jose, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.398 0	Nonpriority creditor's name and mailing address TRI NGOC NGUYEN 2189 CINDERELLA LANE SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.398 1	Nonpriority creditor's name and mailing address Tri Ngoc Nguyen 2189 CINDERELLA LANE SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.398 2	Nonpriority creditor's name and mailing address TRI THANH PHAM 2593 VISTA DEL SOL DR SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.398 3	Nonpriority creditor's name and mailing address Tri Thanh Pham 2593 VISTA DEL SOL DR SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.398 4	Nonpriority creditor's name and mailing address TRICIA LEGASPI 152 SONIA WAY LIVERMORE, CA 94550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.398 5	Nonpriority creditor's name and mailing address Tricia Legaspi 152 SONIA WAY LIVERMORE, CA 94550 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.398 6	Nonpriority creditor's name and mailing address Trinidad Sara Velasco 1415 E ALONDRA BLVD APT #K COMPTON, CA 90221 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.398 7	Nonpriority creditor's name and mailing address TRINU SHAHADA HULL 657 DOUGLAS AVE OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.398 8	Nonpriority creditor's name and mailing address Trinu Shahada Hull 657 DOUGLAS AVE OAKLAND, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.398 9	Nonpriority creditor's name and mailing address TRISTON NAGEE GIN 635 S GREVILLEA AVE APT 9 INGLEWOOD, CA 90301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.399 0	Nonpriority creditor's name and mailing address Triston Nagee Gin 635 S GREVILLEA AVE APT 9 INGLEWOOD, CA 90301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.399 1	Nonpriority creditor's name and mailing address Troy Anthony Ward 295 Wistar rd Oakland, CA 94603 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.399 2	Nonpriority creditor's name and mailing address TROY CUNNINGHAM 1391 E ELMA CT. ONTARIO, CA 91764 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.399 3	Nonpriority creditor's name and mailing address Troy Cunningham 13611 YUKON AVE APT 216 HAWTHORNE, CA 90250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.399 4	Nonpriority creditor's name and mailing address Troy Edward Johnston 18939 RAINIER AVE HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.399 5	Nonpriority creditor's name and mailing address Troy Wesley Hoffdahl 1231 BRIARLEAF CIR SAN JOSE, CA 95113 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.399 6	Nonpriority creditor's name and mailing address Trung Van Pham 2591 GLEN ALMA WAY SAN JOSE, CA 95148 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

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Name

3.399 7	Nonpriority creditor's name and mailing address Tsai Hung Sam Chow 1301 SAN DOMAR DRIVE UNIT A MOUNTAIN VIEW, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.399 8	Nonpriority creditor's name and mailing address Tuan Hoang 3984 WASHINGTON BLVD #240 FREMONT, CA 94538 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.399 9	Nonpriority creditor's name and mailing address TUAN LUU 3535 SENTER RD SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.400 0	Nonpriority creditor's name and mailing address Tuan Luu 3535 SENTER RD SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.400 1	Nonpriority creditor's name and mailing address Tuan Nguyen 2683 SHADOWVALE WAY SAN JOSE, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.400 2	Nonpriority creditor's name and mailing address Tunisia Marie Boudreaux Willis Shay 4145 PENNIMAN AVE OAKLAND, CA 94619 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

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Name

3.400 3	Nonpriority creditor's name and mailing address TY COOLEY 11845 FRIEDA DR IRWIN, PA 15642 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.400 4	Nonpriority creditor's name and mailing address TYESCHA DASHAY SCHULZFORD 625 BERRY AVE APT 106 HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.400 5	Nonpriority creditor's name and mailing address Tyescha Dashay Schulzford 625 BERRY AVE APT 106 HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.400 6	Nonpriority creditor's name and mailing address Tyler Andrew Legaspi 1236 PEACH CT SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.400 7	Nonpriority creditor's name and mailing address TYLER AUSTIN MATHIES 10228 FOOTHILL BLVD OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.400 8	Nonpriority creditor's name and mailing address Tyler Austin Mathies 10228 FOOTHILL BLVD OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**
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3.400 9	Nonpriority creditor's name and mailing address Tyler Bates 3621 DIAMOND AVE 3 OAKLAND, CA 94602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.401 0	Nonpriority creditor's name and mailing address TYLER BYNDON 13036 SE KENT-KANGLEY RD APT 182 KENT, WA 98030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.401 1	Nonpriority creditor's name and mailing address TYLER SCOTT GOBLE 588 59TH ST APT 5 OAKLAND, CA 94609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.401 2	Nonpriority creditor's name and mailing address Tyler Scott Goble 588 59TH ST APT 5 OAKLAND, CA 94609 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.401 3	Nonpriority creditor's name and mailing address TYREE LANIER GOODMAN 2763 PARK ST BERKELEY, CA 94702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.401 4	Nonpriority creditor's name and mailing address Tyree Lanier Goodman 2763 PARK ST BERKELEY, CA 94702 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.401 5	Nonpriority creditor's name and mailing address TYREEM TELLY SMITH 446 BERRIMAN STREET 2B BROOKLYN, NY 11208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.401 6	Nonpriority creditor's name and mailing address TYRELL LAMAZ YOUNG 31745 CHESAPEAKE AVE APT 305 LOS ANGELES, CA 90016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.401 7	Nonpriority creditor's name and mailing address Tyrell Lamaz Young 31745 CHESAPEAKE AVE APT 305 LOS ANGELES, CA 90016 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.401 8	Nonpriority creditor's name and mailing address TYRON CROCKETT 4750 APPIAN WAY APT 62 EL SOBRANTE, CA 94803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.401 9	Nonpriority creditor's name and mailing address Tyron Crockett 4750 APPIAN WAY APT 62 EL SOBRANTE, CA 94803 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.402 0	Nonpriority creditor's name and mailing address Tyrone Dwayne Gums 22759 VERMONT ST APT 1 HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

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3.402 1	Nonpriority creditor's name and mailing address Uhaul PO Box 52128 Phoenix, AZ 52128 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,913.30
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3.402 2	Nonpriority creditor's name and mailing address ULYSSES CUELLAR 1722 4TH AVENUE LOS ANGELES, CA 90019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.402 3	Nonpriority creditor's name and mailing address Ulysses Cuellar 1722 4TH AVENUE LOS ANGELES, CA 90019 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.402 4	Nonpriority creditor's name and mailing address Umar Khan 2539 SPINDRIFT CIR HAYWARD, CA 94545 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.402 5	Nonpriority creditor's name and mailing address Union Real Estate 301 Grant Street Ste 1250 Pittsburgh, PA 15219 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,092.00
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3.402 6	Nonpriority creditor's name and mailing address Unity Courier Service 3231 Fletcher Drive Los Angeles, CA 90065 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,191.66
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3.402 7	Nonpriority creditor's name and mailing address URIEL HERRERA 1367 STAHL ST SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.402 8	Nonpriority creditor's name and mailing address Uriel Herrera 1367 STAHL ST SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.402 9	Nonpriority creditor's name and mailing address US Healthworks PO Box 50042 Los Angeles, CA 90074 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50.00
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3.403 0	Nonpriority creditor's name and mailing address US Pack Logistics LLC Dept 3545 PO Box 123545 Dallas, TX 75312 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,354.44
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3.403 1	Nonpriority creditor's name and mailing address US Premium Finance PO Box 630035 Cincinnati, OH 45263 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36,769.04
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3.403 2	Nonpriority creditor's name and mailing address Valentin Urquiza Pineda 4115 MIRALOMA WAY SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Case number (if known)

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Name

3.403 3	Nonpriority creditor's name and mailing address VALERIA FAUSTO 16161 HESPERIAN BLVD SAN LORENZO, CA 94580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.403 4	Nonpriority creditor's name and mailing address Valeria Fausto 16161 HESPERIAN BLVD SAN LORENZO, CA 94580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.403 5	Nonpriority creditor's name and mailing address VALISHA LYDIA MCBRIDE 205 WENATCHEE COMMONS FREMONT, CA 94539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.403 6	Nonpriority creditor's name and mailing address Valisha Lydia Mcbride 205 WENATCHEE COMMONS FREMONT, CA 94539 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.403 7	Nonpriority creditor's name and mailing address VAN TRUC CAO 4614 SYMPHONY LANE SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.403 8	Nonpriority creditor's name and mailing address Van Truc Cao 4614 SYMPHONY LANE SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.403 9	Nonpriority creditor's name and mailing address Vandana Sharma 584 JANICE AVE HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.404 0	Nonpriority creditor's name and mailing address VANESSA GONZALEZ 689 WYANDOTTE AVE DALY CITY, CA 94014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.404 1	Nonpriority creditor's name and mailing address Vanessa Gonzalez 689 WYANDOTTE AVE DALY CITY, CA 94014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.404 2	Nonpriority creditor's name and mailing address VANESSA MUNA 1170 HARRISON ST APT 203 SEATTLE, WA 98109 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.404 3	Nonpriority creditor's name and mailing address VANESSA REINA VELASQUEZ 25684 SPRING DR APT D HAYWARD, CA 94542 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.404 4	Nonpriority creditor's name and mailing address Vanessa Reina Velasquez 25684 SPRING DR APT D HAYWARD, CA 94542 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.** Case number (if known) **17-52865**

Name

3.404
5 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**

VAQUANA PRIVOTT
21837 HILLSIDE AVENUE 1F
QUEENS VILLAGE, NY 11427

Date(s) debt was incurred _

Last 4 digits of account number _

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

3.404
6 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$2,700.00**

Veritas Property Management
1995 Broadway Ste 1201
New York, NY 10023

Date(s) debt was incurred _

Last 4 digits of account number _

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.404
7 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**

Vernesha Lashae Potts
1251 S ALMADEN AVE #B
SAN JOSE, CA 95110

Date(s) debt was incurred _

Last 4 digits of account number _

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.404
8 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**

VERNON CHARLES JENKINS
1419 7TH ST APT 4
BERKELEY, CA 94710

Date(s) debt was incurred _

Last 4 digits of account number _

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

3.404
9 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**

Vernon Charles Jenkins
1419 7TH ST APT 4
BERKELEY, CA 94710

Date(s) debt was incurred _

Last 4 digits of account number _

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Class List**

Is the claim subject to offset? ☒ No ☐ Yes

3.405
0 Nonpriority creditor's name and mailing address **As of the petition filing date, the claim is: Check all that apply.** **\$0.00**

VERNOY CHARLES MAYWEATHER
4903 WINDERMERE DR
NEWARK, CA 94560

Date(s) debt was incurred _

Last 4 digits of account number _

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **6 mo term**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.405 1	Nonpriority creditor's name and mailing address Vernoy Charles Mayweather 4903 WINDERMERE DR NEWARK, CA 94560 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.405 2	Nonpriority creditor's name and mailing address Veronica Canalez 1075 SPACE PARK WAY SPC 169 MOUNTAIN VIEW, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.405 3	Nonpriority creditor's name and mailing address Veronica M Martinez 899 NORTH KING ROAD APT 1306 SAN JOSE CA, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.405 4	Nonpriority creditor's name and mailing address Veronica Rodriguez 4831 W 133RD ST HAWTHORNE, CA 90250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.405 5	Nonpriority creditor's name and mailing address Victor Baker 278 TYRELLA AVE #10 MOUNTAIN VIEW, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.405 6	Nonpriority creditor's name and mailing address Victor David Manzano 10410 FOOTHILL BLVD APT 6 OAKLAND, CA 94605 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Name	Case number (if known)	17-52865
3.405 7	Nonpriority creditor's name and mailing address Victor Dulay Cabradilla 387 LAUREL AVE APT 12 HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.405 8	Nonpriority creditor's name and mailing address VICTOR JOSUE MELARA ALVARADO 1903 E BAYSHORE RD SPC 16 REDWOOD CITY, CA 94063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.405 9	Nonpriority creditor's name and mailing address Victor Josue Melara Alvarado 1903 E BAYSHORE RD SPC 16 REDWOOD CITY, CA 94063 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.406 0	Nonpriority creditor's name and mailing address VICTOR KENNARD RAYFORD 1870 MIDFIELD AVE APT 4 SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.406 1	Nonpriority creditor's name and mailing address Victor Kennard Rayford 1870 MIDFIELD AVE APT 4 SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.406 2	Nonpriority creditor's name and mailing address Victor Manuel Montes PO BOX 712 HAWTHORNE, CA 90251 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **A-1 Express Delivery Service, Inc.**

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Name

3.406 3	Nonpriority creditor's name and mailing address VICTOR OCTAVIO VIDRIO 2151 OAKLAND RD APT 613 SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.406 4	Nonpriority creditor's name and mailing address Victor Octavio Vidrio 2151 OAKLAND RD APT 613 SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.406 5	Nonpriority creditor's name and mailing address VICTOR SULLIVAN 13611 YUKON AVE APT227 HATHORNE, CA 90250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.406 6	Nonpriority creditor's name and mailing address Victor Sullivan 13611 YUKON AVE APT227 HATHORNE, CA 90250 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.406 7	Nonpriority creditor's name and mailing address VICTOR VALENTIN ACEVEDO 1224 HOPKINS DR SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

3.406 8	Nonpriority creditor's name and mailing address Victor Valentin Acevedo 1224 HOPKINS DR SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

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3.406 9	Nonpriority creditor's name and mailing address VICTOR VILLASENOR 350 N GLENDALE AVE STE B BX 258 GLENDALE, CA 91206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.407 0	Nonpriority creditor's name and mailing address Victor Villaseñor 350 N GLENDALE AVE STE B BX 258 GLENDALE, CA 91206 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.407 1	Nonpriority creditor's name and mailing address Victor Vivanco David 748 VENICE WAY INGLEWOOD, CA 90302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.407 2	Nonpriority creditor's name and mailing address Victoria Ann Yetz 3187 WOODCREST DR SAN JOSE, CA 95118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.407 3	Nonpriority creditor's name and mailing address VICTORIA IRVING 3100 LUMBY DRIVE APT 708 DECATUR, GA 30034 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.407 4	Nonpriority creditor's name and mailing address VIET HOANG HO 1363 WOODLEY DR SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	Name	Case number (if known)	17-52865
3.407 5	Nonpriority creditor's name and mailing address Viet Hoang Ho 1363 WOODLEY DR SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.407 6	Nonpriority creditor's name and mailing address Vijay Kumar 4356 ELK DR ANTIOCH, CA 94531 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.407 7	Nonpriority creditor's name and mailing address Vikram Gill 645 E I ST BENICIA, CA 94510 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.407 8	Nonpriority creditor's name and mailing address Vincent Ako Lozano 1377 E 32ND ST OAKLAND, CA 94602 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.407 9	Nonpriority creditor's name and mailing address Vincent Clay Porter 6306 Paramount Blvd Apt 4 Long Beach, CA 90805 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.408 0	Nonpriority creditor's name and mailing address Vincent Diamond Berry 2077 THOMAS AVE SAN FRANCISCO, CA 94124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor	Name	Case number (if known)	17-52865
3.408 1	Nonpriority creditor's name and mailing address VINCENT EDWARDS 2108 PATRICIA LN 25D NORTH VERSAILLES, PA 15137 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.408 2	Nonpriority creditor's name and mailing address VINCENT J BROWN 1575 THIERIOT AVE UNIT 5K BRONX, NY 10460 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.408 3	Nonpriority creditor's name and mailing address Vincent Lloyd Dizo IV 683 SAN JUAN DR APT 3 SUNNYVALE, CA 94085 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.408 4	Nonpriority creditor's name and mailing address Vincent Minh Triet Nguyen 1085 TASMAN DRIVE #446 SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.408 5	Nonpriority creditor's name and mailing address VINCENT NGUYEN 1085 TASMAN DRIVE #446 SUNNYVALE, CA 94089 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
3.408 6	Nonpriority creditor's name and mailing address Vincent Robinson 180 NORTH 4TH STREET UNIT 402 SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.408 7	Nonpriority creditor's name and mailing address VINCENT SORACE 233 MONKEY WRENCH RD GREENSBURG, PA 15601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.408 8	Nonpriority creditor's name and mailing address Vir Matthew Bor Moranta 6744 SIGNAL PEAK CT STOCKTON, CA 95210 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.408 9	Nonpriority creditor's name and mailing address VIRGILS MOISE 573 E 22ND STREET APT 3A BROOKLYN, NY 11226 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.409 0	Nonpriority creditor's name and mailing address VIRIDIANA MACIAS 1085 S 10TH ST SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.409 1	Nonpriority creditor's name and mailing address Viridiana Macias 1085 S 10TH ST SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.409 2	Nonpriority creditor's name and mailing address Virpal Kaur P O BOX 730991 SAN JOSE, CA 95173 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.409 3	Nonpriority creditor's name and mailing address Vivian Wang 65 MCCREERY AVE #137 SAN JOSE, CA 95116 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.409 4	Nonpriority creditor's name and mailing address Vo Huu Duc Nguyen 2694 Olivestone Way San Jose, CA 95132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.409 5	Nonpriority creditor's name and mailing address VU HOANG LE 392 LOS ENCINOS AVE SAN JOSE, CA 95134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.409 6	Nonpriority creditor's name and mailing address Vu Hoang Le 392 LOS ENCINOS AVE SAN JOSE, CA 95134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.409 7	Nonpriority creditor's name and mailing address Vu Huynh Mai 2380 LANNING WAY SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.409 8	Nonpriority creditor's name and mailing address Vu Nguyen Huynh 859 MEDFORD AVE HAYWARD, CA 94541 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.409 9	Nonpriority creditor's name and mailing address Vuchleang Taing 1817 NEWBRIDGE AVE SAN MATEO, CA 94401 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.410 0	Nonpriority creditor's name and mailing address Walsh Messenger Service 4 Third Street Garden City, NY 11040 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____	\$7,440.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.410 1	Nonpriority creditor's name and mailing address Waltco Inc PO Box 12147 Green Bay, WI 54307-2147 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____	\$1,113.72
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Is the claim subject to offset? ☒ No ☐ Yes

3.410 2	Nonpriority creditor's name and mailing address WALTER FRANCIS WALL IV 185 N 8TH ST SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.410 3	Nonpriority creditor's name and mailing address Walter Francis Wall IV 185 N 8TH ST SAN JOSE, CA 95112 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.410 4	Nonpriority creditor's name and mailing address WALTER GARCIA 2262 HAVILAND AVENUE BRONX, NY 10462 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
<hr/>			
3.410 5	Nonpriority creditor's name and mailing address Washington Express LLC 12240 Indian Creek Court Ste 100 Beltsville, MD 20705 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,472.68
<hr/>			
3.410 6	Nonpriority creditor's name and mailing address WAYNE DUCKWORTH 520 WALKER DRIVE APT # 33 MOUNTAIN VIEW, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.410 7	Nonpriority creditor's name and mailing address Wayne Duckworth 520 WALKER DRIVE APT # 33 MOUNTAIN VIEW, CA 94043 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.410 8	Nonpriority creditor's name and mailing address Wayne Graham 614 EAST REGENT ST INGLEWOOD, CA 90301 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.410 9	Nonpriority creditor's name and mailing address WEILIAN SHEN 2263 ROYALTREE CIR SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
<hr/>			
3.411 0	Nonpriority creditor's name and mailing address Weilian Shen 2263 ROYALTREE CIR SAN JOSE, CA 95131 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

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Name

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.411 1</div>	Nonpriority creditor's name and mailing address WELI ABDI 8730 RAINIER AVE SOUTH SEATTLE, WA 98118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.411 2</div>	Nonpriority creditor's name and mailing address WENDY LEE STERNER 1332 CALLE ORIENTE APT 1 MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.411 3</div>	Nonpriority creditor's name and mailing address Wendy Lee Sterner 1332 CALLE ORIENTE APT 1 MILPITAS, CA 95035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.411 4</div>	Nonpriority creditor's name and mailing address WESLEY HEDGLIN 330 N MAIN ST SLIPPERY ROCK, PA 16057 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.411 5</div>	Nonpriority creditor's name and mailing address Wesley J Stallings 1045 DAISY AVE LONG BEACH, CA 90801 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.411 6</div>	Nonpriority creditor's name and mailing address WESLEY RICKS 30042 MISSION BLVD APT 121-179 HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc. <small>Name</small>	Case number (if known)	17-52865
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3.411 7	Nonpriority creditor's name and mailing address Wesley Ricks 30042 MISSION BLVD APT 121-179 HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.411 8	Nonpriority creditor's name and mailing address Wex Fleet PO Box 6293 Carol Stream, IL 60197 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94,349.12
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3.411 9	Nonpriority creditor's name and mailing address Wilbert Leslie Knight Jr 1370 THIEL RD HAYWARD, CA 94544 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.412 0	Nonpriority creditor's name and mailing address Wildoctric Benjamin Hackett 659 W HOMESTEAD RD APT 2 SUNNYVALE, CA 94087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.412 1	Nonpriority creditor's name and mailing address WILEARL PICKENS JR 3400 RICHMOND PKWY APT 1822 RICHMOND, CA 94806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.412 2	Nonpriority creditor's name and mailing address Wilearl Pickens Jr 3400 RICHMOND PKWY APT 1822 RICHMOND, CA 94806 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.412 3	Nonpriority creditor's name and mailing address William Allen Lemmon 1839 S MAIN ST APT 401 LOS ANGELES, CA 90015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.412 4	Nonpriority creditor's name and mailing address William Anthony Moore 5410 WESTERN AVE APT 6 LOS ANGELES, CA 90062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.412 5	Nonpriority creditor's name and mailing address William B Fernandez 4180 REDONDO BEACH BLVD APT B TORRANCE, CA 90504 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.412 6	Nonpriority creditor's name and mailing address WILLIAM BOILEAU 1205 27TH ST NW PUYALLUP, WA 98371 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.412 7	Nonpriority creditor's name and mailing address William Brian Jennings 208 SOUTH BARRANCA SPACE 29 GLENDDORA, CA 91741 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

3.412 8	Nonpriority creditor's name and mailing address WILLIAM DELKER 1206 S W 137TH 538 BURIEN, WA 98166 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u>	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

Debtor	A-1 Express Delivery Service, Inc.	Case number (if known)	17-52865
Name			

3.412 9	Nonpriority creditor's name and mailing address WILLIAM EDWARD TURNER GROTH III 239 EDELEN AVE LOS GATOS, CA 95030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.413 0	Nonpriority creditor's name and mailing address William Edward Turner Groth III 239 EDELEN AVE LOS GATOS, CA 95030 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.413 1	Nonpriority creditor's name and mailing address WILLIAM FINKLEY 4115 FRANKLIN ROAD PITTSBURGH, PA 15214 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.413 2	Nonpriority creditor's name and mailing address William John Cox 9790 NO NAME UNO A GILROY, CA 95020 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.413 3	Nonpriority creditor's name and mailing address WILLIAM LUFFEY 1216 PROSPECT RD PITTSBURGH, PA 15227 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.413 4	Nonpriority creditor's name and mailing address WILLIAM MALIE 319 SPIKER AVE BELLE VERNON, PA 15012 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor	A-1 Express Delivery Service, Inc.	Case number (if known)	17-52865
	Name		

3.413 5	Nonpriority creditor's name and mailing address William Paul Karavas P.O. BOX 620116 Woodside, CA 94062 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.413 6	Nonpriority creditor's name and mailing address William Russell Perry 1431 LA MADRONA DR SANTA CRUZ, CA 95060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.413 7	Nonpriority creditor's name and mailing address William Serrano 12915 VENICE BLVD APT 4 LOS ANGELES, CA 90066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.413 8	Nonpriority creditor's name and mailing address WILLIAM TODD RODRIGUEZ 2596 KENTRIDGE DR SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.413 9	Nonpriority creditor's name and mailing address William Todd Rodriguez 2596 KENTRIDGE DR SAN JOSE, CA 95133 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.414 0	Nonpriority creditor's name and mailing address William Winton McCandless III 330 VAN BUREN AVE APT 8 OAKLAND, CA 94610 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known)

17-52865

Name

3.414 1	Nonpriority creditor's name and mailing address WILLIE TUCKER 544 EVERGREEN ST APT 9 INGLEWOOD, CA 90302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.414 2	Nonpriority creditor's name and mailing address Willie Tucker 544 EVERGREEN ST APT 9 INGLEWOOD, CA 90302 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.414 3	Nonpriority creditor's name and mailing address WL Westgate Venture LLC PO Box 24051 Seattle, WA 98124-0051 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,652.00
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3.414 4	Nonpriority creditor's name and mailing address WONDWOSSEN TULU 15633 8TH AVE SW APT #4 BURIEN, WA 98166 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.414 5	Nonpriority creditor's name and mailing address Wynesha Darnette Jackson 611 1/4 W 74 ST LOS ANGELES, CA 90044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.414 6	Nonpriority creditor's name and mailing address Xavier Ramirez Campos 5258 NORMA WAY LIVERMORE, CA 94551 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.414 7	Nonpriority creditor's name and mailing address XPS Delivers.Com PO Box 7099 Tempe, AZ 85281 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,386.20
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3.414 8	Nonpriority creditor's name and mailing address Xuming Yang 1926 THREADNEEDLE WAY SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.414 9	Nonpriority creditor's name and mailing address Xuyang Liu 37767 FREMONT BLVD #42 FREMONT, CA 94536 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.415 0	Nonpriority creditor's name and mailing address XZAVIER BRUCE-SOUTHERLAND 605 DIVISION AVENUE PITTSBURGH, PA 15202 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.415 1	Nonpriority creditor's name and mailing address Yale Monroe Augustine 426 W 52ND PL LOS ANGELES, CA 90037 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.415 2	Nonpriority creditor's name and mailing address Yaneli Abraham Rodriguez 1389 FELIPE AVENUE SAN JOSE, CA 95122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.415 3</div>	Nonpriority creditor's name and mailing address YANNI B VALLEY 2344 E 26TH ST OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term	\$0.00
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Is the claim subject to offset? ☒ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.415 4</div>	Nonpriority creditor's name and mailing address Yanni B Valley 2344 E 26TH ST OAKLAND, CA 94601 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.415 5</div>	Nonpriority creditor's name and mailing address Yareb Ishel Garcia 3711 BALDWIN ST APT 503 LOS ANGELES, CA 90031 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.415 6</div>	Nonpriority creditor's name and mailing address YARED YIMER 24431 27TH AVE DES MOINES, WA 98198 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.415 7</div>	Nonpriority creditor's name and mailing address YASIN HAGI ISSE 30838 14TH AVE S 106 FEDERAL WAY, WA 98003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: 6 mo term	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.415 8</div>	Nonpriority creditor's name and mailing address Yazmin Hernandez Luna 130 ROUNDTABLE DR. APT F2 SAN JOSE, CA 95111 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Class List	\$0.00
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Is the claim subject to offset? ☐ No ☐ Yes

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3.415 9	Nonpriority creditor's name and mailing address YEDIDYA SEIFU 2305 1ST AVE 203 SEATTLE, WA 98121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.416 0	Nonpriority creditor's name and mailing address Yessica X Leiva Lozano 1645 BOWLING GREEN DR APT 107 C SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.416 1	Nonpriority creditor's name and mailing address Yitian Liang 1166 VIA ESPERANZA SAN LORENZO, CA 94580 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.416 2	Nonpriority creditor's name and mailing address YIZHAO ZHANG 1424 SILVER AVE SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.416 3	Nonpriority creditor's name and mailing address Yizhao Zhang 1424 SILVER AVE SAN FRANCISCO, CA 94134 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.416 4	Nonpriority creditor's name and mailing address Yogesh Gajanan Vyas 21230 homestead road Cupertino, CA 95014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.416 5	Nonpriority creditor's name and mailing address YOHANNES ABRAHA 9366 7TH AVE S SEATTLE, WA 98108 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.416 6	Nonpriority creditor's name and mailing address Yolanda Huerta 1000 National Ave San Bruno, CA 94066 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.416 7	Nonpriority creditor's name and mailing address YOLANDA MARIE ATCHAN 148 DABNER SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.416 8	Nonpriority creditor's name and mailing address Yolanda Marie Atchan 148 DABNER SAN LEANDRO, CA 94577 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.416 9	Nonpriority creditor's name and mailing address YOLANDA VARELA 2930 21ST ST APT A SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.417 0	Nonpriority creditor's name and mailing address Yolanda Varela 2930 21ST ST APT A SAN FRANCISCO, CA 94110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div>3.417 1</div>	Nonpriority creditor's name and mailing address YONAS BENTI 75272 LAKE CITY WAY NE APT B SEATTLE, WA 98115 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.417 2</div>	Nonpriority creditor's name and mailing address YONAS NEGA 4426 LETITIA AVE S SEATTLE, WA 98118 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.417 3</div>	Nonpriority creditor's name and mailing address Yongkang Zeng 6615 3RD ST SAN FRANCISCO, CA 94124 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.417 4</div>	Nonpriority creditor's name and mailing address YONIS MOHAMED 1420 WESTERN AVE 410 SEATTLE, WA 98101 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.417 5</div>	Nonpriority creditor's name and mailing address YOUNIS ABDEL-KADER 20813 63 AVE WEST LYNNWOOD, WA 98036 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<div>3.417 6</div>	Nonpriority creditor's name and mailing address YUSSUF MOHAMED 3002 S 208TH ST J5 SEATAC, WA 98198 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$0.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.417 7	Nonpriority creditor's name and mailing address Yvette Marie Guerrero 556 KING GEORGE AVENUE SAN JOSE, CA 95136 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.417 8	Nonpriority creditor's name and mailing address ZACHARY BROSKY 1658 DAGMAR AVE PITTSBURGH, PA 15216 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.417 9	Nonpriority creditor's name and mailing address ZACHARY HLISTA 663 MERCHANT STREET AMBRIDGE, PA 15003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.418 0	Nonpriority creditor's name and mailing address Zachary Nathaniel Lembcke-Pyke 677 NORTH BERENDO ST LOS ANGELES, CA 90004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.418 1	Nonpriority creditor's name and mailing address Zachary Nicholas Schaff 689 WYANDOTTE AVE DALY CITY, CA 94104 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.418 2	Nonpriority creditor's name and mailing address Zachary Paul Rusmisel 2635 23RD ST APT C SANTA MONICA, CA 90405 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.418 3</div>	Nonpriority creditor's name and mailing address Zahrah Jameelah McDonald 2236 SANTA MARIA DR PITTSBURG, CA 94565 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.418 4</div>	Nonpriority creditor's name and mailing address Zakir Ulfat 31755 ALVARADO BLVD 215 UNION CITY, CA 94587 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.418 5</div>	Nonpriority creditor's name and mailing address Zaldy San Juan Anselmo 23 JOHN GLENN CIR DALY CITY, CA 94015 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.418 6</div>	Nonpriority creditor's name and mailing address ZANDER LOUIS LINGAD 1617 JESSICA WAY SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.418 7</div>	Nonpriority creditor's name and mailing address Zander Louis Lingad 1617 JESSICA WAY SAN JOSE, CA 95121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.418 8</div>	Nonpriority creditor's name and mailing address ZARHUN KUFFA 8433 S 113TH ST SEATTLE, WA 98178 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.418 9	Nonpriority creditor's name and mailing address ZEBEDEE NOCEDA BIADORA 22713 RONAN AVENUE CARSON, CA 90745 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.419 0	Nonpriority creditor's name and mailing address Zebedee Noceda Biadora 22713 RONAN AVENUE CARSON, CA 90745 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.419 1	Nonpriority creditor's name and mailing address ZELIMIR MCDOWELL 27912 PACIFIC HIGHWAY SOUTH APT 737 FEDERAL WAY, WA 98003 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>6 mo term</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.419 2	Nonpriority creditor's name and mailing address Zhilin Feng 10685 STEVENS CANYON RD CUPERTINO, CA 95014 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.419 3	Nonpriority creditor's name and mailing address Ziad Astifo 23839 BLUE RIDGE PLACE MORENO VALLEY, CA 92557 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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3.419 4	Nonpriority creditor's name and mailing address Zoe Zuniga 2570 BANCROFT WAY APT 6 BERKELEY, CA 94704 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Class List</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
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Name

Case number (if known) **17-52865**

3.419 5	Nonpriority creditor's name and mailing address Zoltan Gemes 10917 BLIX ST APT 9 NORTH HOLLYWOOD, CA 91602 Date(s) debt was incurred ____ Last 4 digits of account number ____	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Class List</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
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3.419 6	Nonpriority creditor's name and mailing address Zsa Zsa Linette Randall 2348 WOODHILL DR PITTSBURG, CA 94565 Date(s) debt was incurred ____ Last 4 digits of account number ____	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Class List</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$0.00
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	AIC Owner, LLC 17981 Sky Park Circle Bldg 39 J Irvine, CA 92614	Line <u>3.97</u> <input type="checkbox"/> Not listed. Explain ____	—
4.2	AT&T 208 S Akard Street Dallas, TX 75202	Line <u>3.360</u> <input type="checkbox"/> Not listed. Explain ____	—
4.3	CIT Leasing 21146 Network Place Chicago, IL 60673-1211	Line <u>3.771</u> <input type="checkbox"/> Not listed. Explain ____	—
4.4	Comcast 1701 JFK Blvd Philadelphia, PA 19103	Line <u>3.813</u> <input type="checkbox"/> Not listed. Explain ____	—
4.5	EAN Services 600 Corporate Park Drive Saint Louis, MO 63105	Line <u>3.1197</u> <input type="checkbox"/> Not listed. Explain ____	—
4.6	Enterprise Rent-a-Car 600 Corporate Park Drive Saint Louis, MO 63105	Line <u>3.1293</u> <input type="checkbox"/> Not listed. Explain ____	—
4.7	Long Building Technologies 5700 Denver Ave S Seattle, WA 98108	Line <u>3.2534</u> <input type="checkbox"/> Not listed. Explain ____	—

Debtor	Name	Case number (if known)	17-52865
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.8	MetLife 200 Park Ave New York, NY 10166	Line 3.2818 <input type="checkbox"/> Not listed. Explain _____	—
4.9	Orcas Business Park 5700 6th Ave S #200 Seattle, WA 98108	Line 3.3111 <input type="checkbox"/> Not listed. Explain _____	—
4.10	US Premium Finance 280 Technology Parkway Suite 200 Norcross, GA 30092	Line 3.4031 <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 32,454.05
5b. +	\$ 2,679,020.22
5c.	\$ 2,711,474.27

Fill in this information to identify the case:

Debtor name **A-1 Express Delivery Service, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA**

Case number (if known) **17-52865**

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal*

Property

(Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Atlanta office**

State the term remaining

List the contract number of any government contract

**1450 West PC LLC
1450 W Peachtree Street
Atlanta, GA 30309**

2.2. State what the contract or lease is for and the nature of the debtor's interest **San Jose office**

State the term remaining

List the contract number of any government contract

**2150 TZB Inc.
2150 Trade Zone Blvd
Suite 299
San Jose, CA 95131**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Inglewood office**

State the term remaining

List the contract number of any government contract

**917 & 925 West Hyde Park
2459 West 208th Street
Suite 203
Torrance, CA 90501**

2.4. State what the contract or lease is for and the nature of the debtor's interest **401(k)**

State the term remaining

List the contract number of any government contract

**ADP 401K
1 ADP Blvd
Roseland, NJ 07068**

Debtor 1 **A-1 Express Delivery Service, Inc.**Case number (if known) **17-52865**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Irvine office**

State the term remaining

List the contract number of any government contract

**AIC Owner, LLC
17981 Sky Park Circle
Bldg 39 J
Irvine, CA 92614**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Long distance phone service**

State the term remaining

List the contract number of any government contract

**AT&T
208 S Akard Street
Dallas, TX 75202**

2.7. State what the contract or lease is for and the nature of the debtor's interest **1-800Courier number**

State the term remaining

List the contract number of any government contract

**AT&T
208 S Akard Street
Dallas, TX 75202**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Atlanta telecom/internet**

State the term remaining

List the contract number of any government contract

**Birch Connect
320 Interstate N Cir SE
#300
Atlanta, GA 30339**

2.9. State what the contract or lease is for and the nature of the debtor's interest **Medical/vision insurance**

State the term remaining

List the contract number of any government contract

**Cigna
900 Cottage Grove Road
Bloomfield, CT 06002**

2.10. State what the contract or lease is for and the nature of the debtor's interest **Phone system**

State the term remaining

List the contract number of any government contract

**CIT Leasing
21146 Network Place
Chicago, IL 60673-1211**

Debtor 1 **A-1 Express Delivery Service, Inc.**

Case number (if known) **17-52865**

First Name Middle Name Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest **Atlanta internet**

State the term remaining

List the contract number of any government contract

**Comcast
1701 JFK Blvd
Philadelphia, PA 19103**

2.12. State what the contract or lease is for and the nature of the debtor's interest **Sunnyvale telecom/internet**

State the term remaining

List the contract number of any government contract

**Comcast
PO Box 34744
Seattle, WA 98124-1744**

2.13. State what the contract or lease is for and the nature of the debtor's interest **Telecom/internet**

State the term remaining

List the contract number of any government contract

**Comcast
PO Box 530098
Atlanta, GA 30353-0098**

2.14. State what the contract or lease is for and the nature of the debtor's interest **Irvine telecom/internet**

State the term remaining

List the contract number of any government contract

**Cox Communication
PO Box 53280
Phoenix, AZ 85072-3280**

2.15. State what the contract or lease is for and the nature of the debtor's interest **Hermosa Beach office**

State the term remaining

List the contract number of any government contract

**Cypress Street LLC
545 Cypress Street
Hermosa Beach, CA 90254**

2.16. State what the contract or lease is for and the nature of the debtor's interest **San Leandro parking** **DCT Williams Street LLC
555 17th Street
Suite 3700
Denver, CO 80202**

Debtor 1 **A-1 Express Delivery Service, Inc.**Case number (if known) **17-52865**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract _____

- 2.17. State what the contract or lease is for and the nature of the debtor's interest **Equipment lease**

State the term remaining

List the contract number of any government contract _____

De Lage Landen Financial Serv
1111 Old Eagle School Road
Wayne, PA 19087

- 2.18. State what the contract or lease is for and the nature of the debtor's interest **Vehicle lease**

State the term remaining

List the contract number of any government contract _____

Donlen
3000 Lakeside Drive
2nd Floor
Bannockburn, IL 60015

- 2.19. State what the contract or lease is for and the nature of the debtor's interest **Vehicle lease**

State the term remaining

List the contract number of any government contract _____

EAN Services
600 Corporate Park Drive
Saint Louis, MO 63105

- 2.20. State what the contract or lease is for and the nature of the debtor's interest **Burlingame telecom/internet**

State the term remaining

List the contract number of any government contract _____

EarthLink
PO Box 2252
Birmingham, AL 35246-1058

- 2.21. State what the contract or lease is for and the nature of the debtor's interest **Vehicle rental**

State the term remaining

List the contract number of any government contract _____

Enterprise Rent-a-Car
600 Corporate Park Drive
Saint Louis, MO 63105

Debtor 1 **A-1 Express Delivery Service, Inc.**Case number (if known) **17-52865**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.22. State what the contract or lease is for and the nature of the debtor's interest **Hermosa Beach internet**

State the term remaining

List the contract number of any government contract

Frontier Communications
PO Box 740407
Cincinnati, OH 45274-0407

2.23. State what the contract or lease is for and the nature of the debtor's interest **Phone lines**

State the term remaining

List the contract number of any government contract

Fusion/Network Billing Systems
155 Willowbrook Blvd
Wayne, NJ 07470

2.24. State what the contract or lease is for and the nature of the debtor's interest **Burlingame office/parking**

State the term remaining

List the contract number of any government contract

Greg Schmitt
1580 Tennessee Street
San Francisco, CA 94107

2.25. State what the contract or lease is for and the nature of the debtor's interest **Toll free and local lines**

State the term remaining

List the contract number of any government contract

Kall8
417 2nd Ave W
Seattle, WA 98119

2.26. State what the contract or lease is for and the nature of the debtor's interest **Seattle parking**

State the term remaining

List the contract number of any government contract

Long Building Technologies
5700 Denver Ave S
Seattle, WA 98108

2.27. State what the contract or lease is for and the nature of the debtor's interest **Pittsburgh parking**

State the term remaining

List the contract number of any government contract

Mangrove Cay LP
2500 Eldo Road
Monroeville, PA 15146

Debtor 1 **A-1 Express Delivery Service, Inc.**

Case number (if known) **17-52865**

First Name Middle Name Last Name

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.28. State what the contract or lease is for and the nature of the debtor's interest **Dental insurance**

State the term remaining

List the contract number of any government contract

**MetLife
200 Park Ave
New York, NY 10166**

2.29. State what the contract or lease is for and the nature of the debtor's interest **Atlanta internet**

State the term remaining

List the contract number of any government contract

**One Ring
2030 Powers Ferry Road
Suite 200
Atlanta, GA 30339**

2.30. State what the contract or lease is for and the nature of the debtor's interest **Seattle office**

State the term remaining

List the contract number of any government contract

**Orcas Business Park
5700 6th Ave S #200
Seattle, WA 98108**

2.31. State what the contract or lease is for and the nature of the debtor's interest **Payroll**

State the term remaining

List the contract number of any government contract

**Paycom
7501 W Memorial Road
Oklahoma City, OK 73142**

2.32. State what the contract or lease is for and the nature of the debtor's interest **San Leandro office**

State the term remaining

List the contract number of any government contract

**Scanlan Kemper Bard Co
810 NW Marshall Street
Suite 300
Portland, OR 97209**

2.33. State what the contract or lease is for and the nature of the debtor's interest **Website**

**Shopify Capital Agreement
150 Elgin Street
8th Floor
Ottawa, Ontario Canada K2P 1L4**

Debtor 1 **A-1 Express Delivery Service, Inc.**Case number (if known) **17-52865**

First Name

Middle Name

Last Name

Additional Page if You Have More Contracts or Leases**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract _____

- 2.34. State what the contract or lease is for and the nature of the debtor's interest **Equipment lease**

State the term remaining

List the contract number of any government contract _____

Susquehanna Commercial Finance
2 Country View Road
Suite 300
Malvern, PA 19355

- 2.35. State what the contract or lease is for and the nature of the debtor's interest **Irvine internet**

State the term remaining

List the contract number of any government contract _____

TelePacific Communication
PO Box 509013
San Diego, CA 92150-9013

- 2.36. State what the contract or lease is for and the nature of the debtor's interest **New York telecom/internet**

State the term remaining

List the contract number of any government contract _____

Time Warner Cable
PO Box 11820
Newark, NJ 07101-8120

- 2.37. State what the contract or lease is for and the nature of the debtor's interest **Pittsburgh office**

State the term remaining

List the contract number of any government contract _____

Union Real Estate Company
301 Grant Street
Suite 1250
Pittsburgh, PA 15219

- 2.38. State what the contract or lease is for and the nature of the debtor's interest **Umbrella insurance finance**

State the term remaining

List the contract number of any government contract _____

US Premium Finance
280 Technology Parkway
Suite 200
Norcross, GA 30092

Debtor 1 **A-1 Express Delivery Service, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **17-52865**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.39. State what the contract or lease is for and the nature of the debtor's interest **NYC office**

State the term remaining

List the contract number of any government contract

**Veritas Property Management
1995 Broadway
Suite 1201
New York, NY 10023**

2.40. State what the contract or lease is for and the nature of the debtor's interest **Equipment lease**

State the term remaining

List the contract number of any government contract

**Wells Fargo
800 Walnut
4th Floor
Des Moines, IA 50309**

2.41. State what the contract or lease is for and the nature of the debtor's interest **Equipment lease**

State the term remaining

List the contract number of any government contract

**Western Financial
PO Box 640
503 Hwy 2 West
Devils Lake, ND 58301**

2.42. State what the contract or lease is for and the nature of the debtor's interest **Equipment lease**

State the term remaining

List the contract number of any government contract

**Wintrust Capital
9700 West Higgins Road
Rosemont, IL 60018**

Fill in this information to identify the case:

Debtor name **A-1 Express Delivery Service, Inc.**
 United States Bankruptcy Court for the: **NORTHERN DISTRICT OF GEORGIA**
 Case number (if known) **17-52865**

☐ Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

- | | | | | |
|-------|--------------------|--|---------------------------------------|---|
| 2.1 | Lon Fancher | A-1 Express Delivery Service
1450 W Peachtree St, Suite 200
Atlanta, GA 30309 | 1450 West Peachtree Street LLC | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.1</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.2 | Lon Fancher | A-1 Express Delivery Service
1450 W Peachtree St, Suite 200
Atlanta, GA 30309 | CapFusion | <input checked="" type="checkbox"/> D <u>2.2</u>
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.3 | Lon Fancher | A-1 Express Delivery Service
1450 W Peachtree St, Suite 200
Atlanta, GA 30309 | Fifth Third Bank | <input type="checkbox"/> D _____
<input checked="" type="checkbox"/> E/F <u>3.1393</u>
<input type="checkbox"/> G _____ |
| <hr/> | | | | |
| 2.4 | Lon Fancher | A-1 Express Delivery Service
1450 W Peachtree St, Suite 200
Atlanta, GA 30309 | Kings Cash Group | <input checked="" type="checkbox"/> D <u>2.5</u>
<input type="checkbox"/> E/F _____
<input type="checkbox"/> G _____ |

Debtor **A-1 Express Delivery Service, Inc.**

Case number (if known) **17-52865**

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.5	Lon Fancher	A-1 Express Delivery Service 1450 W Peachtree St, Suite 200 Atlanta, GA 30309	Summit Financial Resources, LP	<input checked="" type="checkbox"/> D <u>2.8</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.6	Mark McCurry	A-1 Express Delivery Service 917 W Hyde Park Blvd Inglewood, CA 90302	1450 West Peachtree Street LLC	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.1</u> <input type="checkbox"/> G _____
2.7	Mark McCurry	A-1 Express Delivery Service 917 W Hyde Park Blvd Inglewood, CA 90302	American Express	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.203</u> <input type="checkbox"/> G _____
2.8	Mark McCurry	A-1 Express Delivery Service 917 W Hyde Park Blvd Inglewood, CA 90302	CapFusion	<input checked="" type="checkbox"/> D <u>2.2</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.9	Mark McCurry	A-1 Express Delivery Service 917 W Hyde Park Blvd Inglewood, CA 90302	Fifth Third Bank	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.1393</u> <input type="checkbox"/> G _____
2.10	Mark McCurry	A-1 Express Delivery Service 917 W Hyde Park Blvd Inglewood, CA 90302	Kings Cash Group	<input checked="" type="checkbox"/> D <u>2.5</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.11	Mark McCurry	A-1 Express Delivery Service 917 W Hyde Park Blvd Inglewood, CA 90302	Summit Financial Resources, LP	<input checked="" type="checkbox"/> D <u>2.8</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name A-1 Express Delivery Service, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA

Case number (if known) 17-52865

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2017 to **Filing Date**

☒ Operating a business
☐ Other _____

\$2,382,224.00

For prior year:
From 1/01/2016 to 12/31/2016

☒ Operating a business
☐ Other _____

\$33,453,420.00

For year before that:
From 1/01/2015 to 12/31/2015

☒ Operating a business
☐ Other _____

\$60,955,210.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **A-1 Express Delivery Service, Inc.**Case number (if known) **17-52865**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. See Attached List	(Numbers are in the aggregate by Payee)	\$7,969,255.35	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. Lon Fancher A-1 Express Delivery Service 1450 W Peachtree St, Suite 200 Atlanta, GA 30309 COO	December 23, 2016 - January 2017	\$26,500.00	Repayment of loans
4.2. Mark McCurry A-1 Express Delivery Service 917 W Hyde Park Blvd Inglewood, CA 90302 President	November 22, 2016 - January 2017	\$51,500.00	Repayment of loans

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

Debtor **A-1 Express Delivery Service, Inc.**Case number (if known) **17-52865**

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Andrew Chacon and Erick Lopez v. A-1 Express Delivery Service, Inc. 2:15-cv-09901-DMG-AS	Failure to provide accurate paycheck and failure to pay overtime	U.S. District Court, C.D. California	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	Jasmine Miller v. A-1 Express Delivery Service, Inc. rg16831996	Failure to pay correct overtime pay	Superior Court of Alameda County Alameda, CA	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Derek Williams and Theresa Martinez v. A-1 Express Delivery Service, Inc. cgc-17-556993	PAGA tied to Google rapid shutdown	Superior Court of California - SF San Francisco, CA	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	Karin Bernal v. A-1 Express Delivery Service, Inc. 17CIV00196	PAGA tied to Google rapid shutdown	San Mateo Superior Court San Mateo, CA	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5.	Leonel Andalis v. A-1 Express Delivery Service, Inc. 1295740LM	Alleged incorrect final pay	San Jose Labor Commissioner San Jose, CA	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.6.	Jorge Maldonado v. 1-800Courier 12100388YN	Alleged incorrect final pay	San Jose Labor Commissioner San Jose, CA	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None
Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**
☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>		

Part 6: Certain Payments or Transfers

Debtor **A-1 Express Delivery Service, Inc.**Case number (if known) **17-52865****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Scroggins & Williamson, P.C. 4401 Northside Parkway Suite 450 Atlanta, GA 30327	Includes retainer and pre-petition fees	Feb. 8 - 14, 2017	\$30,000.00
	Email or website address			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
14.1. 1231 Collier Road Atlanta, GA 30318	July 2011 - Dec. 2014

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.☐ Yes. Fill in the information below.

Debtor **A-1 Express Delivery Service, Inc.**Case number (if known) **17-52865**

Facility name and address

Nature of the business operation, including type of services the debtor provides

If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.☒ Yes. Fill in below:

Name of plan

A-1 Express Delivery Service, Inc. 401(k)

Employer identification number of the plan

EIN: **58-2298705**

Has the plan been terminated?

- ☒ No
- ☐ Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units18. **Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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19. **Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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20. **Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
USA Storage 1244 Collier Road, NW Atlanta, GA 30318	Lon Fancher, Donald Jones, Ha Hwang	Computers, office furniture	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

Debtor **A-1 Express Delivery Service, Inc.**Case number (if known) **17-52865****Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No.
☐ Yes. Provide details below.

Case title
Case number

Court or agency name and
address

Nature of the case

Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☐ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☐ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and
address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Debtor **A-1 Express Delivery Service, Inc.**Case number (if known) **17-52865**

Name and address		Date of service From-To
26a.1.	Mark McCurry 504 3rd Street Hermosa Beach, CA 90254	Jan. 2016 - Present
26a.2.	Ben Chu 512 Wiscot Lane Marietta, GA 30068	Oct. 2014 - Jan. 2016
26a.3.	Kent Brown 623 3rd Street Hermosa Beach, CA 90254	June 2015 - Jan. 2017
26a.4.	Barry Brouner 1776 Old Spring House Lane Suite 303 Atlanta, GA 30338	Feb. 2015 - Present

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address		If any books of account and records are unavailable, explain why
26c.1.	Mark McCurry 504 3rd Street Hermosa Beach, CA 90254	
26c.2.	Barry Brouner 1776 Old Spring House Lane Suite 303 Atlanta, GA 30338	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Mark McCurry	504 3rd Street Hermosa Beach, CA 90254	President	50

Debtor **A-1 Express Delivery Service, Inc.**Case number (if known) **17-52865**

Name	Address	Position and nature of any interest	% of interest, if any
Lon Fancher	6775 Lisa Lane Atlanta, GA 30338	COO	50

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Mark McCurry 504 3rd Street Hermosa Beach, CA 90254	\$288,269.00	Feb. 15, 2016 - Feb. 14, 2017	Salary/loan repayment
	Relationship to debtor President			
30.2	Lon Fancher 6775 Lisa Lane Atlanta, GA 30338	\$201,887.00	Feb. 15, 2016 - Feb. 14, 2017	Salary/loan repayment
	Relationship to debtor COO			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
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Debtor **A-1 Express Delivery Service, Inc.**Case number (if known) **17-52865****Part 14: Signature and Declaration**

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **March 21, 2017**

/s/ Lon D. Fancher

Signature of individual signing on behalf of the debtor

Lon D. Fancher

Printed name

Position or relationship to debtor **COO/Owner**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No

☒ Yes

Name	Total Value	Reason
Summit	\$5,473,015.00	Secured Loan Payment
American Express	\$566,873.91	Unsecured Loan Payment
US Premium Finance	\$343,609.08	Unsecured Loan Payment
Capfusion	\$199,519.20	Secured Loan Payment
Kings Cash Group	\$161,440.50	Secured Loan Payment
American Express @Work	\$145,628.13	Unsecured Loan Payment
CIGNA	\$126,594.49	Vendor
WEX INC	\$80,843.95	Unsecured Loan Payment
Fifth Third	\$78,668.22	Unsecured Loan Payment
Mayesh - Los Angeles International Airport	\$73,347.90	Vendor
Google Adwords	\$68,540.82	Vendor
PayPal	\$54,628.09	Vendor
Jorge Morales	\$44,795.43	Vendor
Shopify	\$39,197.60	Unsecured Loan Payment/Vendor
Mike's Finest Wholesale Flowers	\$34,432.23	Vendor
Halls Atlanta	\$33,942.14	Vendor
Joe Branch DBA Sound Auto body	\$32,887.99	Vendor
Scroggins & Williamson	\$31,717.00	Vendor
San Bernando Couty Recorder	\$30,025.71	Vendor
Verizon Wireless	\$28,221.27	Vendor
Accurate Background	\$25,631.59	Vendor
Donlen	\$23,387.19	Vendor
1450 W Peachtree LLC	\$22,871.97	Vendor
Cut Flowers	\$21,232.51	Vendor
Google Reimbursement for Rent	\$19,626.65	Vendor
Indeed	\$19,316.27	Vendor
Cut Flower Wholesale	\$19,123.84	Vendor
EKI Flowers	\$18,158.60	Vendor
Enterprise	\$16,355.18	Vendor
San Diego County Recorder	\$15,789.00	Vendor
Suntrust	\$13,657.52	Unsecured Loan Payment/Vendor
Full Pot of Flowers	\$13,146.99	Vendor
Sampson Morris Group	\$11,410.00	Vendor
Carlstedt, LLC	\$10,556.40	Vendor
Southland Greenhouses Inc	\$9,736.96	Vendor
D & D International	\$9,136.47	Vendor
Allure Farms	\$8,560.75	Vendor
Burton & Burton	\$7,708.15	Vendor
Wells Fargo	\$7,643.37	Unsecured Loan Payment
Floral Supply	\$7,553.40	Vendor
Ryder	\$7,108.25	Vendor
Craigslist	\$6,940.00	Vendor
Halbeib Automotive & Collision	\$6,675.63	Vendor

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
Northern District of Georgia**

In re **A-1 Express Delivery Service, Inc.**

Debtor(s)

Case No. **17-52865**

Chapter **11**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept as a retainer	\$	21,728.00
Prior to the filing of this statement I have received as a retainer	\$	21,728.00
Balance Due	\$	0.00

2. \$ **1,717.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:
☒ Debtor ☐ Other (specify):
4. The source of compensation to be paid to me is:
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
 - e. [Other provisions as needed]
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service: Allowed fees and expenses which exceed the retainer.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

03/21/2017

Date

/s/ J. Robert Williamson

J. Robert Williamson 765214

Signature of Attorney

Scroggins & Williamson, P.C.

4401 Northside Parkway

Suite 450

Atlanta, GA 30327

404-893-3880 Fax: 404-893-3886

centralstation@swlawfirm.com

Name of law firm

**United States Bankruptcy Court
Northern District of Georgia**

In re **A-1 Express Delivery Service, Inc.**

Debtor(s)

Case No. **17-52865**

Chapter **11**

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Lon D. Fancher 1450 W. Peachtree Street Suite 200 Atlanta, GA 30309	Common stock	50%	Owner
Mark McCurry 917 W. Hyde Park Blvd. Inglewood, CA 90302	Common stock	50%	Owner

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **COO/Owner** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **March 21, 2017**

Signature **/s/ Lon D. Fancher**
Lon D. Fancher

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
Northern District of Georgia**

In re **A-1 Express Delivery Service, Inc.**

Debtor(s)

Case No. **17-52865**

Chapter **11**

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **A-1 Express Delivery Service, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

March 21, 2017

Date

/s/ J. Robert Williamson

J. Robert Williamson 765214

Signature of Attorney or Litigant

Counsel for **A-1 Express Delivery Service, Inc.**

Scroggins & Williamson, P.C.

4401 Northside Parkway

Suite 450

Atlanta, GA 30327

404-893-3880 Fax:404-893-3886

centralstation@swlawfirm.com